



DEPARTMENT OF THE NAVY  
OFFICE OF THE CHIEF OF NAVAL OPERATIONS  
WASHINGTON, DC 20350-2000

IN REPLY REFER TO  
OPNAVINST 6110.1E  
Pers-601  
March 23 1998

OPNAV INSTRUCTION 6110.1E

From: Chief of Naval Operations  
To: All Ships and Stations (less Marine Corps field addressees  
not having Navy personnel attached)

Subj: PHYSICAL READINESS PROGRAM

Ref: (a) DOD Instruction 1308.3 of 30 Aug 95 (NOTAL)  
(b) OPNAVINST 6100.2  
(c) BUPERSINST 1610.10  
(d) Manual of the Medical Department (NAVMED P-117)  
Chapter 15, Sect. II  
(e) MILPERSMAN 3420440, 3620260, 2230130, 2220130  
(f) SECNAVINST 1920.6A  
(g) OPNAVINST 5100.23D (NOTAL)  
(h) Manual of Naval Preventive Medicine (NAVMED P-5010)  
(i) COMNAVRESFORINST 6110.2A (NOTAL)  
(j) BUPERSINST 1430.16D

Encl: (1) Program Action and Responsibilities  
(2) OPNAV 6110/2, Medical Screening, Medical Waivers  
(3) Physical Readiness Test Requirements; Planning and  
Scheduling; Safety Plan and Procedures; Testing  
Procedures; Scoring  
(4) Height/Weight and Body Fat Measurements  
(5) Physical Conditioning and Weight Management Programs  
(6) Administrative Actions  
(7) Sample Page 13 and Letter of Notification  
(8) Special Circumstances  
(9) Physical Readiness Test Timetable and Checklist for  
Command Fitness Coordinators (CFC's)  
(10) Physical Readiness Test Program Inspection Checklist  
(11) Helpful Resources for Individuals and CFC's

1. Purpose. To provide revised policy and guidance for the implementation of the Physical Readiness Program in the Navy as directed by reference (a). This instruction is a major revision and should be reviewed in its entirety. This instruction is effective 1 September 1998.

2. Cancellation. OPNAVINST 6110.1D effective 1 September 1998.

MAR 23 1998

3. Applicability. The provisions of this instruction applies to all active duty and Naval Reserve members, enlisted and officers, E-1 through O-10.

4. Policy

a. To assure mission readiness and operational effectiveness every Navy member shall maintain personal physical fitness by regular exercise. Enclosure (1) describes the basic elements of the exercise program. Enclosure (2) details medical screening procedures for ensuring that exercise is medically safe. Physical readiness standards are described in enclosure (3).

b. The Physical Readiness Program is a complete conditioning program designed to reduce excess body fat, and to develop and maintain the cardiorespiratory fitness, muscular strength and endurance, and flexibility needed to maintain and demonstrate a minimum level of physical fitness. The program is a part of the Navy's Health Promotion Program, reference (b). Each command will ensure personnel meet all physical readiness standards.

5. Action. Commanders, commanding officers, and officers in charge shall establish and maintain an effective Physical Readiness Program per enclosures (1) to (10). Enclosure (11) contains resource information.

6. Forms

The following forms are available from the Naval Inventory Central Point using requisitioning procedures contained in CD-ROM NAVSUP PUB 600 (NLL), Navy Stock List of Publications and Forms.

a. NAVPERS 6110/1 (10-97), Command Physical Readiness Test Summary, S/N 0106-LF-018-0800.

b. OPNAV 6110/2 (Rev 1-98), Risk Factor Screening/Physical Readiness Test Results, S/N 0107-LF-061-1011.

c. NAVPERS 1070/613 (Rev 10-81), Administrative Remarks, S/N 0106-LF-010-6991.

d. NAVPERS 1616/26 (7-95), Evaluation Report & Counseling Record, S/N 0106-LF-019-7400.

e. NAVPERS 6110/2 (7-95), Fitness Report & Counseling Record, S/N 0106-LF-016-1102.

MAR 23 1991

7. Reports

a. Reference (a) requires all services to provide periodic assessment of their respective Physical Readiness Program. Enclosure (6) provides details on the Navy Physical Readiness Program reporting procedures.

b. Report control symbol OPNAV 6110-3, referenced in enclosure (1) paragraph 8(i).

c. Report control symbol OPNAV 6110-4, referenced in enclosure (1), paragraph 8(g). These reports are approved for 3 years from the date of this instruction.



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MAR 23 1988

PROGRAM ACTION AND RESPONSIBILITIES

1. Deputy Chief of Naval Operations (Manpower and Personnel) (N1) shall establish Physical Readiness Program policy and support the program by the following actions:

a. Provide educational support to commands for all health promotion program elements as they impact on physical readiness.

b. Provide information and establish training for command fitness coordinators (CFC's), in conjunction with Chief of Naval Education and Training (CNET).

c. Provide technical assistance to develop, implement and evaluate program activities at each command.

d. Provide guidance for weight management programs.

e. Provide guidance for administrative actions concerning enlisted and officer members.

f. Provide ongoing program evaluation.

2. Chief, Bureau of Medicine and Surgery shall:

a. Ensure that those service members whose weight control and/or physical fitness problems are not responsive to command level interventions are properly evaluated and referred.

b. Evaluate/analyze Physical Readiness Test (PRT)-related morbidity and mortality data.

c. Provide technical assistance with the implementation and evaluation of the Physical Readiness Program.

d. Conduct research in appropriate physical readiness areas to ensure that physical readiness testing adequately evaluates the minimum physical readiness needs of the Navy.

3. Commander, Naval Supply Systems Command shall provide technical assistance to local commands by providing materials and information to educate commands and officer and enlisted food service personnel on basic nutrition, low fat menu planning and promotion activities, food preparation and procurement procedures in support of the nutritional standards.

MAR 23 1998

4. Chief of Naval Education and Training shall:

a. Provide General Military Training (GMT) curricula on the Physical Readiness Program.

b. Include similar curricula at basic accession points, such as Officer Candidate School (OCS), Officer Indoctrination School (OIS), Naval Reserve Officer Training Corps (NROTC), Recruit Training Command (RTC), etc.

c. Assist in the development of education/rating curricula and materials.

5. Commander, Navy Recruiting Command shall ensure all men and women recruited into the Navy meet minimal entry level physical readiness standards and are aware of the requirement to comply with the physical readiness standards contained in this instruction.

6. Commanding Officer, Recruit Training Command shall ensure all members meet or exceed physical readiness standards upon completion of recruit training.

7. Commander, Naval Reserve Force shall:

a. Implement a program compatible with existing directives and reserve training time.

b. Ensure that all Selected Reservists (SELRES) including Voluntary Training Unit (VTU) members are tested twice annually.

c. Ensure reserve unit commanding officers (CO) and reserve health care professionals assist, advise, and educate their commands in implementing the Physical Readiness Program.

d. Ensure compliance with all reporting requirements outlined in enclosure (6).

8. Commanders, CO's, and officers in charge (OIC) shall:

a. Aggressively support the goal of attaining and maintaining fitness by requiring a minimum of three aerobic exercise periods per week, when mission and operational requirements permit. Exercise periods should be at least 40 minutes in length to allow for proper warm-up and cool-down and consist of at least 20 minutes of continuous aerobic activity as described in enclosure (5).

MAR 23 1998

b. Ensure galleys and messes follow healthy menu standards. Ensure that physical fitness and nutrition education is provided through GMT. Education shall emphasize the combination of healthy food choices, exercise, and lifestyle change, where necessary.

c. Appoint a minimum of one CFC in the command using departmental and divisional CFC assistants as necessary to carry out this instruction. The number of CFC assistants should be determined by command size and structure. An optimal number is one CFC assistant per 25 unit members. Ensure that all CFC's attend BUPERS-approved training, receive CFC certification, and meet the following criteria:

- (1) Paygrade E-5 or above
- (2) Certified in cardiopulmonary resuscitation (CPR)
- (3) Non-user of tobacco products
- (4) Meet or exceed minimum physical readiness standards
- (5) Meet height/weight/body fat limits

d. Assign, whenever possible, designated CFC assistants to attend BUPERS-approved CFC training and receive certification.

e. Administer an effective command-directed physical conditioning (CDPC) and education program as described in enclosure (5) for members not meeting PRT and/or body composition limits. Ensure members participate as required, and participation is documented. Appoint a separate program manager to administer the CDPC program, if necessary.

f. Ensure command has sufficient members certified and current in CPR (from the American Red Cross or American Heart Association) to monitor the PRT in accordance with safety precautions outlined in enclosure (3), paragraph 3.

g. Upon transfer of member, ensure that OPNAV 6110/2, Risk Factor Screening/Physical Readiness Test Results (pink folder) (Report Control Symbol OPNAV 6110-4) is forwarded to the member's next command. Retain copies of OPNAV 6110/2, NAVPERS 1070/613 (Page 13) and other documentation for 6 months after a member transfers.

MAR 23 1998

h. Enter member's PRT results in NAVPERS 1610/2 (7-95), Fitness Report and Counseling Record (FITREP) or NAVPERS 1616/26 (7-95), Evaluation Report and Counseling Record (EVAL) per reference (c).

i. Forward the NAVPERS 6110/1, Command PRT Summary (Report Control Symbol OPNAV 6110-3) to the Bureau of Naval Personnel (BUPERS), Pers-601, no later than 31 October of each year as described in enclosure (6), paragraph 4. Summary report requires tracking the number of members denied reenlistment or advancement/promotion due to body composition and/or PRT failures. Electronic transmission of this form via E-mail is authorized (P601E1@bupers.navy.mil).

j. Ensure PRT's and concurrent height/weight/body fat measurements are announced and conducted at appropriate intervals as described in enclosure (3).

k. Ensure members receive proper medical screening as described in enclosure (2) and reference (d) before participating in the PRT or CDPC program.

l. Ensure proper safety precautions are followed during testing and CDPC programs as outlined in enclosure (3).

m. Ensure members who fail to maintain body composition or physical readiness standards receive appropriate referral and/or administrative actions as outlined in enclosure (6), following references (e) and (f).

n. Make a Page 13 entry each time an enlisted member exceeds body composition limits or fails the PRT, and forward the original Page 13 for inclusion into the field service record, and a copy into the permanent personnel record. See enclosure (7) for examples.

o. Issue a letter of notification each time an officer exceeds body composition limits or fails the PRT. Forward a copy of the letter of notification and a copy of the OPNAV 6110/2 to BUPERS (Pers-834). See enclosure (7) for an example.

p. Forward NAVPERS 6110/3, Command-Directed Physical Conditioning Weight Control Summary to the Bureau of Naval Personnel (BUPERS), Pers-601, as described in enclosure (6). This form is required for members who have been issued the Navy Nutrition and Weight Control Self-Study Guide.

MAR 23 1998

q. Refer members granted medical waivers for three consecutive PRT's for appropriate medical administrative action as outlined in enclosure (2).

r. When feasible and/or appropriate, afford members who meet the admission criteria set forth in enclosure (5) the opportunity to attend BUMED-approved weight management programs, and ensure the CFC monitors the follow-up weight maintenance component.

s. Appropriately recognize members who achieve and maintain outstanding fitness.

9. CFC's shall:

a. Become thoroughly familiar with components of this instruction and advise their chain of command on all Physical Readiness Program matters. Obtain (and maintain current) CPR certification. Receive certification from BUPERS-approved CFC training course within 6 months of being assigned as CFC.

b. Schedule and announce official PRT's according to procedures described in enclosure (3). Facility requirements should be coordinated with the appropriate base, county, or city recreation services and requested in advance to minimize the impact on recreation programs.

c. Follow all testing and measuring requirements, and safety precautions. Develop a safety plan for summoning emergency medical assistance as described in enclosure (3), paragraphs 2d and 3, in conjunction with the command safety officer. Coordinate with Morale, Welfare and Recreation (MWR) and medical, if needed.

d. Instruct assistant or division CFC's, as appropriate, in techniques for conducting the PRT, height/weight and body fat measurements, and CDPC program. Obtain CPR training for members of the command who help monitor the PRT.

e. Design and implement the command-directed physical conditioning program described in enclosure (5). Inform chain of command regarding members who need assistance in meeting physical readiness and body composition standards.

f. Report any injuries related to the Physical Readiness Program to the command safety officer. Provide to the safety officer all information necessary to complete the appropriate report(s) per enclosure (1) chapter 14 of reference (g).



**MAR 23 1998**

g. Distribute health and fitness materials in support of BUPERS health promotion initiatives. Assistance in selecting and obtaining materials may be provided by health promotion coordinators at the local medical treatment facility (MTF).

h. Obtain and maintain updated physical readiness resources for use by command personnel.

i. Maintain OPNAV 6110/2 forms covering the most recent 4-year period for all members of the command, and keep photocopies for 6 months after each member transfers. Such records shall be maintained in a manner consistent with SECNAVINST 5211.5D.

j. Refer to an authorized medical department representative (AMDR), all members who exceed body composition limits, have a history of "yo-yo" dieting (weight cycling) and/or other chronic weight problems. Administratively screen these members and others as directed by the command. Administrative screening consists of reviewing pertinent information such as service record, PRT record, interviewing member and preparing a statement or letter of referral to the AMDR for evaluation and/or recommendation for BUMED-approved weight management programs as described in enclosure (5).

k. Closely monitor members who have completed BUMED-approved weight management programs and provide assistance in completing the weight management follow-up program.

l. Confer with the CO or executive officer (XO) at least quarterly to discuss current and impending referrals for BUMED-approved weight management programs, the progress of personnel in the CDPC and weight management follow-up programs, and other items of mutual concern.

m. Ensure that command forwards Page 13 entries to BUPERS, Pers-312D1 for entry into the permanent personnel records, and into the field service records, for enlisted members who exceed body fat limits or fail the PRT.

n. Ensure that command forwards Letters of Notification to BUPERS, Pers-834, for officers who exceed body fat limits or fail the PRT.

10. MWR departments shall:

a. Make facilities available for administering official PRT's, physical training, command-directed or self-directed programs.

MAR 23 1998

b. Provide assistance and support to the local CFC's to the fullest extent possible within existing and authorized resources. This MWR support service is an appropriated fund responsibility; therefore, host/tenant commands must make necessary appropriated funds available to support this requirement.

c. Ensure recreation staff support and endorse nutritional and exercise principles described in enclosure (5), use and distribute materials listed in enclosure (11), and participate as instructors in CFC training and Navy Exercise Leader Courses (NELC) after becoming certified Navy Fitness Instructors.

d. Ensure that healthy, low fat food choices, as described in enclosure (11) are available at all Navy clubs.

11. Individual service members shall:

a. Maintain a lifestyle that promotes optimal health and physical readiness. Develop a regular, year-round, fitness program of aerobic, flexibility, and muscular strength and endurance exercises using resource information and the assistance of the CFC and recreation services departments. A fitness program shall include aerobic physical exercise at least three times per week. Exercise sessions should consist of at least 40 minutes of activity, to include at least 20 minutes of brisk aerobic exercise, a strength and flexibility component and warm-up and cool-down periods. See enclosure (5).

b. Report for physical examinations when directed.

c. Answer questions on the OPNAV 6110/2, Risk Factor Screening Form, completely and truthfully.

d. Report for fitness testing with a level of fitness that ensures safe participation.

e. Report injuries or illness which may put them at risk of serious injury during the PRT.

f. Take the PRT as required, unless medically waived.

g. Participate in weekly exercise periods as directed by the commander, CO or OIC (hereafter referred to as CO).

MAR 23 1998

OPNAV 6110/2, MEDICAL SCREENING, MEDICAL WAIVERS

1. Participation Requirement. All members are required to participate in the PRT and conditioning programs, if medically cleared to do so. Physical readiness testing is optional for service members 50 years of age and older. Members 50 years and older shall participate in body composition testing and mandatory weekly exercise.

2. OPNAV 6110/2, commonly known as the "pink folder," is the primary tool for screening members for safe participation in PRT and exercise programs.

3. Current Physical Exam. Section A of OPNAV 6110/2. Verification of current physical exam shall be documented in section A. This should normally be completed by the examining officer at the time of the periodic physical examination.

a. Members who do not have a current periodic physical examination as required by reference (d) shall have testing deferred until such exam is completed.

b. Each medical department shall designate a medical representative who, if section A was not completed by the AMDR at the time of the periodic physical, shall verify that the physical is current and that the member is cleared for participation in the PRT. This may be accomplished by referring to blocks 6, 77, and 78 on a current SF 88, Report of Medical Examination. If exam is current (refer to block 6 for exam date) and blocks 77 and 78 do not restrict physical activities such as vigorous exercise, the designated individual is authorized to initial section A, indicate the expiration date of the exam, and annotate the entry, "As noted on SF 88."

c. At least 10-12 weeks before each PRT, CFC's shall ensure the expiration date of the exam has not passed, and initial the column corresponding to the current PRT cycle.

4. Risk Factor Questionnaire. Section B of OPNAV 6110/2.

a. Section B shall normally be completed 10-12 weeks before the scheduled fitness test to ensure ample time is available for any necessary medical evaluation prior to testing, and provide documentation that the member was given appropriate notice of the upcoming test.

b. Members who answer "yes" to any of the risk factor questions in section B shall be referred to the medical

MAR 23 1998

department for evaluation and clearance to participate in the PRT or CDPC program. Only a physician, physician assistant, or nurse practitioner is authorized to evaluate a member who has answered "yes" to any of the risk factor questions.

c. If necessary, section B may be filled out as late as the day of testing. The service member may participate in the PRT only if the answer to all screening questions is "no." If member answers "yes" to any screening question, he or she must be medically screened before participating; see above.

5. Body Composition Screening. Section C of OPNAV 6110/2.

a. Exceeding body composition limits. Initial screening is by height/weight measurement; see enclosure (4). If member exceeds height/weight limit, he or she will be measured for percent body fat using procedures described in enclosure (4). Members who exceed the height/weight limit and exceed body fat limits of 22 percent for men or 33 percent for women, must be cleared by medical before participating in fitness testing or CDPC programs. Merely exceeding height/weight/body fat limits is not in and of itself reason to automatically waive a member from PRT participation.

b. When to measure. To avoid complications from self-induced dehydration, official measurements shall normally be taken within 10 days of, but not less than 48 hours prior to, the scheduled PRT. If it is necessary to measure body fat percentage in addition to height/weight measures, the official Physical Readiness Program cycle measurement of body fat shall be performed the same day as the height/weight measurement. Preliminary height/weight/body fat screening measurements may be performed 10-12 weeks before the PRT to determine who may need medical evaluation for excess body fat prior to taking the PRT. However, these are not official measurements for the purpose of administrative actions. Measurements may also be conducted prior to frocking, advancement/promotion or transfer, but these measurements may not be used to process for administrative separation (ADSEP).

c. Details on height/weight and body fat limits, measuring techniques, and administrative actions are in enclosure (4).

6. Medical Referral. Section D of OPNAV 6110/2.

a. CFC's shall complete this section to indicate the reason the member is being referred to medical for clearance. Note: exceeding both the height/weight and body fat limits (of 22

MAR 23 1998

percent for men and 33 percent for women) requires member to be evaluated by medical prior to participation in the PRT. See details on body fat limits in enclosure (4).

b. If members are medically cleared to participate in the PRT, they are considered medically cleared to participate in CDPC and weekly physical fitness training.

7. Medical Evaluation. Section E of OPNAV 6110/2.

a. Members who have a current physical examination with no restrictions on physical activity, answer "no" to risk factor questions, and are within height/weight/body fat limits, require no additional medical clearance to participate in the PRT, weekly physical fitness training or the CDPC program.

b. Members who exceed height/weight and body fat limits but answer "no" to all risk screening questions must be evaluated and cleared or medically waived by a physician, physician assistant, nurse practitioner, or an independent duty corpsman (with current certification) to participate in the PRT and CDPC programs. Documentation must be provided in section E of the pink folder, or a copy of the light duty/sick in quarters (SIQ) chit attached.

c. Members who answer "yes" to any risk screening question must be cleared to participate in the PRT or the CDPC program by a physician, physician assistant, or nurse practitioner, whose current authorized scope of care, either independent or supervised, includes taking medical histories and performing physical examinations.

(1) When such medical support is not available, members who answered "yes" to any risk screening questions shall not be tested or required to participate in strenuous conditioning programs until examined by a physician, physician assistant or nurse practitioner as described above.

(2) Independent duty corpsmen are not authorized to issue medical clearance to members who answered "yes" to any risk factor screening questions.

d. Members who answer "yes" to risk factor questions and were previously cleared to participate, do not have to be re-evaluated every PRT cycle as long as the following are true:

(1) Condition has not worsened

(2) No new risk factors are present

MAR 23 1998

8. Medical Waivers from Participating in Fitness Testing

a. Medical waivers are not considered PRT failures. Medical waivers from participating in the PRT should not be confused with medical waiver from body composition measurements.

b. Who may grant. See paragraphs 7b and c.

c. Documentation. CFC's should verify that an expiration date is included for the medical waiver, from the medical provider. At the time a medical waiver is granted, the medical practitioner shall:

(1) Document OPNAV 6110/2 (section E) and medical record indicating which fitness test components the member is waived from, and what restrictions are placed on participation in conditioning programs. Include recommendations for safe aerobic activities that will help members maintain fitness and control body fat (not merely a list of activities that are restricted).

(2) Refer member to appropriate medical specialist if indicated.

d. Previous waivers from fitness testing. Members who were medically waived from a previous fitness test for a condition or injury which has resolved, do not have to be cleared to participate in an upcoming PRT if the waiver expires at least 10 weeks prior to the scheduled PRT. Medical waivers for a condition which persists from one readiness test to the next do not have to be reissued by medical if, when the initial waiver was granted, the member's medical record clearly indicates the condition is unlikely to resolve in less than a year. Such extended medical waivers are valid for up to two consecutive PRT cycles, after which member must be reevaluated.

e. Referral to a medical board. When members have been medically waived for three consecutive PRT's for the same medical condition and the condition is unlikely to resolve, CO's may request a medical evaluation to determine if a medical board should be convened. A medical board will evaluate the member's overall physical fitness, ability to respond to physically demanding situations or environments (mobilization, damage control, etc.), and potential for continued useful service.

f. Medical waivers and reporting of members who are injured during the test, or are unable to complete the test due to an underlying illness. It is incumbent upon members who are ill to seek a waiver prior to the test. However, members who cannot

MAR 23 1998

complete the test due to injury/illness incurred during the test shall be granted a medical waiver if seen promptly by medical (same day), and in the judgement of the medical practitioner (including independent duty corpsmen) the injury/illness was significant enough to impair normal performance and was not due to lack of conditioning. In case of injury or illness during the PRT, submit report in accordance with enclosure (6).

g. Pregnancy. After medical department confirmation of pregnancy, members shall be medically waived from the Physical Readiness Program, including height/weight and body fat measurements, from the time of diagnosis until 6 months following delivery. (Note: Time of diagnosis is not retroactive to the time of conception). A member whose pregnancy terminates before full-term delivery shall be waived from the PRT and height/weight and body fat measurements for a period of time designated by her physician, normally not to exceed 6 months. Except when contraindicated, pregnant members shall participate in an exercise program approved by the American College of Obstetricians and Gynecologists on the advice of their physician.

9. Medical Waivers for Height/Weight and Body Fat Measurements. Members with well-documented acute medical conditions may be given a short-term medical waiver from administrative actions resulting from exceeding height/weight and body fat limits. This waiver, granted by an AMDR, will usually cover a single PRT cycle (CFC's should verify an expiration date for the waiver is included). Weights and measurements of members with medical waivers shall normally be taken and recorded on the OPNAV 6110/2, but may be recorded as "MW" (medically waived) on FITREPS or EVALS. The intent is to ensure members are treated fairly, but not excused from their responsibility to maintain body composition standards, by regular exercise and prudent diet. Criteria include documentation of a medical condition such as the following:

a. Member is recuperating from a medical or surgical condition that interferes with an accurate measurement.

b. Member is presently, or for the past several months has been completely restricted from, or is too debilitated to participate in, any regular aerobic physical activity, and cannot be counteracted by a prudent or restricted diet.

c. Member is recuperating from a medical or surgical condition which causes severe fluid or fat accumulation that is so severe it cannot be counteracted with a combination of prudent diet and well-documented aerobic exercise three times a week.

MAR 23 1998

d. Member is currently, or has for the past several months, been taking medication which results in fluid or fat accumulation which is so severe it cannot be counteracted with a combination of prudent diet and well-documented aerobic exercise three times a week.

e. Member is required to wear postoperative back brace, body cast, or other orthopedic device which interferes with measurements, if the physician recommends that the device not be removed.

10. Members who repeatedly fail to keep medical appointments for PRT screening or medical evaluation may be given a Physical Readiness Program failure, if the CO has reason to believe that the member is attempting to avoid or delay taking the PRT.



MAR 23 1998

PHYSICAL READINESS TEST REQUIREMENTS; PLANNING AND SCHEDULING;  
SAFETY PLAN AND PROCEDURES; TESTING PROCEDURES; SCORING

1. Requirements of the Physical Readiness Test. Refer to enclosure (2) for guidance on who shall or shall not be tested.

a. Flexibility. Flexibility is the functional capacity of a joint to move through the full range of motion. Lack of flexibility is associated with an increased risk of injury. Although no single flexibility test measures the flexibility of all joints, the sit-reach test serves as an important functional measure of hip region flexibility, including the lower back and hamstring muscles of the leg.

b. Muscular endurance. Muscular endurance is the ability to sustain muscle contractions over a period of time without fatigue. The curl-up test is an indicator of muscular endurance. No single endurance test measures the endurance of all muscles; however, the curl-up test serves as a functional measure of abdominal muscle group endurance. Curl-up exercise, when performed properly, is important in developing tone of the abdominal muscles. Adequate strength and endurance of the abdominal muscles is an important element in the prevention and treatment of low-back injury. Full-body pushups indicate upper torso muscular endurance, which is associated with the ability to perform common pushing, pulling, and carrying tasks.

c. Aerobic capacity. Aerobic capacity is the ability of the heart and lungs to deliver oxygen to the working muscles. It is associated with the ability to carry out strenuous work throughout the work day without fatigue. The 1.5 mile run/walk (or 500-yard swim) is included in the physical readiness test because it is a good test of aerobic capacity.

2. Test Planning/Scheduling

a. Frequency. Physical readiness tests, with associated height/weight/body fat measurements, shall be conducted twice each fiscal year, at least 4 months apart and not more than 8 months apart.

b. 10-12 week notice. The dates of the height/weight/body fat assessment and PRT shall be announced at least 10-12 weeks in advance. Members who have not been given 10-12 weeks notice shall not be required to participate in the PRT; they are required to participate in height/weight/body fat measurements regardless of notification. Members who have not received 10-12 weeks notice (i.e., newly reported) may voluntarily participate

MAR 23 1998

in the PRT, if medically cleared to do so. Document consent for voluntary participation.

c. Risk factor screening. As indicated in enclosure (2), completing Risk Factor Screening forms 10-12 weeks prior to the test provides time for medical screening and documents notification of upcoming testing. Courtesy height/weight/body fat measurements for medical screening purposes may be done at this time (but are not to be recorded for official purposes). Members exceeding height/weight/body fat limits may be assigned to CDPC to help prevent failure of official PRT. Refer to enclosure (4) for guidelines on official height/weight/body fat measurements taken for administrative purposes, and enclosure (2) for guidelines on medical screening procedures. If necessary however, the Risk Factor Screening may be completed as late as the day of testing. The service member may participate in the PRT only if no medical screening is required. Paragraph 7 of enclosure (2) contains additional guidance on medical screening.

d. Test site selection

(1) Select the most level 1.5 mile course available. The course should be free of steep inclines/declines, surface irregularities and sharp turns. Verify or measure the distance with a measuring wheel (normally available from recreation services). A bike odometer may be used only if a measuring wheel is unavailable. DO NOT USE AUTOMOBILE OR MOTORCYCLE ODOMETERS. Safety personnel (CPR-certified) should be placed at appropriate intervals so the entire course is in view of monitors.

(2) THE TEST SITE MUST BE ACCESSIBLE TO EMERGENCY VEHICLES AND MUST BE NEAR A TELEPHONE TO FACILITATE NOTIFICATION OF EMERGENCY SERVICES IN THE EVENT OF AN EMERGENCY. Dependable cellular phones, walkie-talkies, etc., are acceptable.

3. Safety Plan and Procedures. While the risk of injury or death for service members is very small, the following precautions shall be taken:

a. CPR monitors. At least one CPR-certified monitor shall be present for every 25 members participating in the PRT, with a minimum of two monitors for every test. These members do not have to be corpsmen; they shall not be test participants. When the swim is conducted, at least one certified lifeguard must be present. Refer to enclosure (1), paragraph 10b for guidance concerning paying lifeguards from appropriated funds.

MAR 23 1998

b. Safety. A safety plan shall be in place for summoning emergency assistance. Consult local medical facility for guidance on summoning emergency assistance. At a minimum, the plan shall include:

- (1) Telephone numbers and procedures for summoning aid.
- (2) Clear directions for emergency response personnel that will avoid confusion and ensure their prompt arrival.
- (3) Ability to contact base security personnel to assist with rapid access of emergency personnel to the test site.

c. Weather conditions. PRT's shall not be conducted under harsh environmental conditions, as described in chapters 3 and 9 of reference (h). Specifically, PRT's should not be conducted outdoors when wind chill is 20 degrees F or lower, or when hot weather black flag conditions exist (wet bulb globe temperature (WBGT) of 90 degrees F or higher). Temperature extremes may be avoided by testing indoors during cold weather, or early or late in the day during hot weather. (Note: A Botsball thermometer may be used in lieu of WBGT; follow instructions for determination of red/black flag conditions.)

d. Fluid intake. Adequate hydration is vital to safe participation in the physical readiness test.

- (1) All members shall be encouraged to drink water before and after the test, especially in hot weather.
- (2) Members with sickle cell trait, at a minimum, shall drink at least 10 ounces of water 10 minutes before testing and an additional 8 ounces after completion of the test.

e. Smoking and tobacco use. The PRT shall be conducted in a smoke-free environment; PRT participants and monitors shall not smoke or use tobacco products during the entire PRT testing period. To reduce health risks to participants, smoking and the use of all tobacco products should be discouraged at least 30 minutes before, and at least 15 minutes after the PRT.

f. Clothing. Proper attire for the PRT should include running shoes and clothing that is appropriate for weather conditions. Combat boots and rubberized suits are inappropriate and may put the member at risk for injury.

g. Questions on general health at time of PRT. Immediately prior to participating in the PRT, all members shall be asked

MAR 23 1998

about their general health. Those recovering from a recent illness or reporting a change in health or risk factors (specifically, a tightness or discomfort in the chest, arms or neck associated with activity or exercise) shall not be tested. CFC's should immediately contact medical regarding such individuals. These members should be tested later after medical clearance.

#### 4. Test Administration

a. Event sequence. The PRT events shall be completed on the same day, in the following sequence: warm-up, sit-reach, curl-ups, push-ups, run/walk or swim and cool-down. Events should be performed one right after the other, allowing at least 2 minutes but no more than 15 minutes' rest between events.

b. Monitoring. The curl-up and push-up tests shall always be performed with a partner. The partner shall monitor proper form, count the number of correctly performed curl-ups/push-ups, and report the number to the CFC (or official test recorder). In addition, there shall be monitors assigned to spot check test participants. They shall ensure that curl-ups/push-ups are being performed correctly and that the number of correctly performed curl-ups and push-ups are being accurately reported to the CFC or recorder.

c. Passing/failing. To pass the PRT, the member must meet the minimum physical readiness requirements for curl-ups, push-ups, and run/walk or swim.

(1) FAILURE TO MEET MINIMUM PHYSICAL READINESS STANDARDS FOR ANY ONE OF THESE REQUIREMENTS, UNLESS MEDICALLY WAIVED, CONSTITUTES FAILURE OF THE ENTIRE TEST. Members who fail any of these elements are subject to administrative actions as described in enclosure (6), and are required to participate in the CDPC program as described in enclosure (5). If a member attempts, and fails the 500-yard swim, it is considered a PRT cycle failure; a second attempt, on the 1.5 mile run, is not authorized.

(2) Members who fail the sit-reach are not subject to administrative action, but must participate in the CDPC program to improve flexibility.

(3) Service members are to participate in one PRT during each official PRT testing cycle. Re-testing is not authorized. For safety reasons, if a member fails a PRT cycle, he or she is not to be re-tested for purposes of receiving a passing score within the official test cycle; they have demonstrated that they

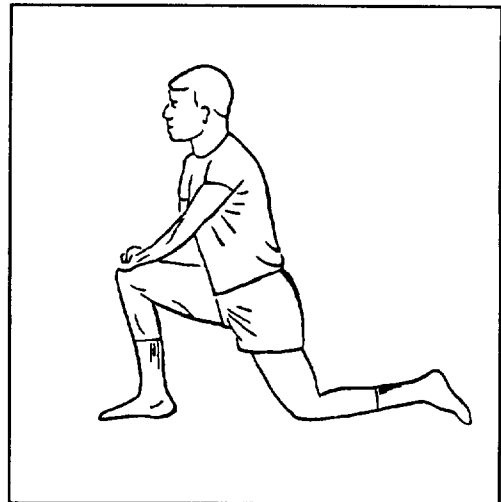
MAR 23 1998

are not fit enough to pass the test and should be assigned to CDPC, to work on increasing their level of fitness, before attempting to take another PRT. A special PRT may be administered once the member has demonstrated an increased level of fitness (see enclosure (6)), to approve (or delay) frocking, promotion, advancement, or redesignation.

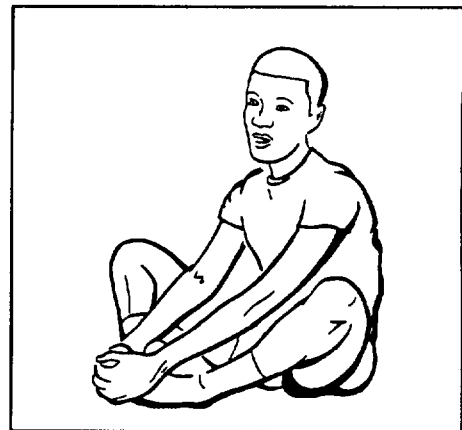
5. Physical Readiness Test Warm-up. Participation in 5 to 10 minutes of warm-up exercise is required before beginning the PRT events. Examples of recommended warm-up exercises follow:

a. Walk 2-5 minutes.

b. Hip flexor stretch: Kneel as shown with hands on knee. Slowly push hips toward the floor. Hold 20 seconds. Switch legs and repeat.

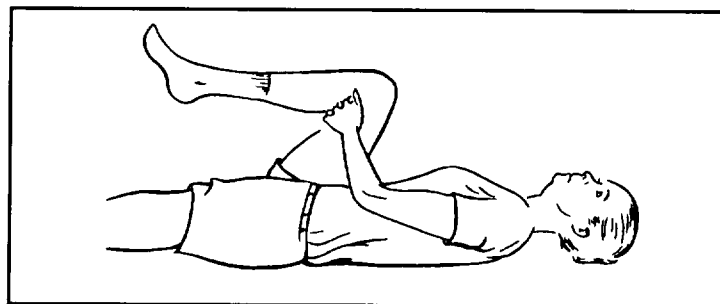


c. Groin stretch: Sit with soles of feet together as shown, with hands around feet. Sit up straight and press knees toward floor. Lean forward and hold 20 seconds. Relax and repeat.

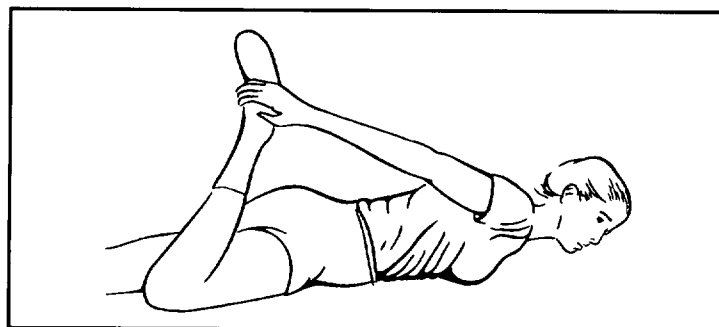


d. Lower back stretch: Lie on back as shown. Pull one knee toward chest. Hold 20 seconds. Do twice each leg.

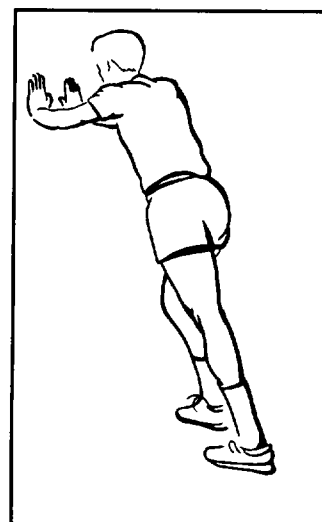
MAR 23 1998



e. Quadriceps stretch: Lie on stomach as shown. Pull foot toward buttocks. Hold 20 seconds. Do twice each leg.



f. Achilles tendon and calf stretch: Stand facing wall. Place palms of hands flat against wall. Feet should be about 12 inches apart. Bend the right knee with left leg straight behind you. Keep left heel on the floor with toes pointing straight ahead. Slowly move hips forward until a stretch is felt in the calf of the left leg. Hold for 15-30 seconds. Repeat with right leg. The stretch should be felt in the calf and Achilles tendon. Variation: begin in the position described above. Bend the left knee (rather than keeping it straight), keeping the heel on the floor. The stretch should be felt in the Achilles tendon.

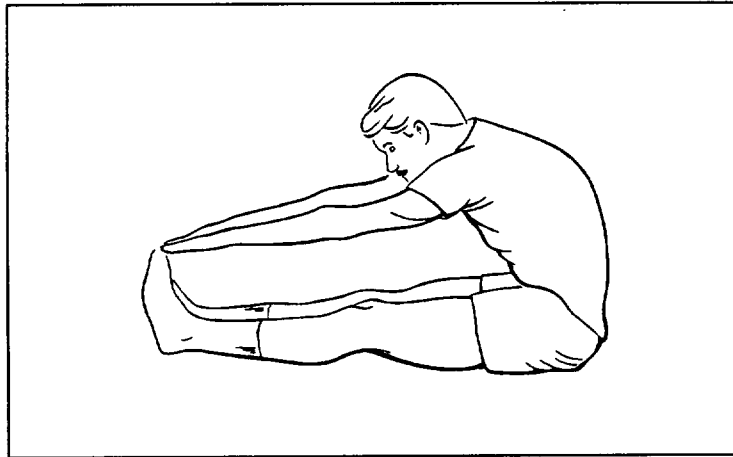


MAR 23 1998

## 6. Physical Readiness Test

a. Sit-reach. Ensure proper back and leg stretching was done prior to testing.

(1) Sit on deck (with shoes off) legs straight, feet together and toes pointed up.



(2) Keeping legs straight, ankles at right angle, reach slowly forward and attempt to touch toes with fingertips of both hands. Hold the reach for one second - do not bounce or lunge. Three attempts are allowed.

(3) Score this item pass if members can touch their toes and hold the reach for 1 second. Members fail this test if they are unable to touch their toes on at least one of the three tries.

(4) Member's inability to meet the satisfactory standard does not constitute a PRT failure; however, member shall be placed in the CDPC program in order to increase flexibility.

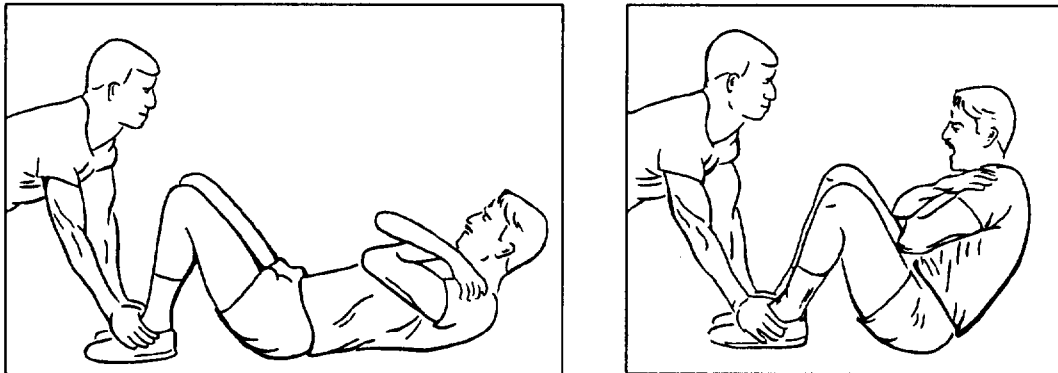
## b. Curl-ups

(1) Lie on a level surface, on the grass, or on a floor with a blanket, mat, or other suitable padding. Lie flat on back with knees bent, heels close to buttocks (approximately 10 inches) with arms folded across the chest, hands touching upper chest or shoulders, and feet held to floor by partner's hands. Feet may not be placed under an immovable object.

MAR 23 1998

(2) Curl up, touching elbows to upper thighs while keeping hands in contact with the chest or shoulders.

(3) Lie back, touching lower edge of shoulder blades to deck. Buttocks must remain in contact with floor at all times.



(4) Repeat correctly as many times as possible in 2 minutes. Member may rest in either the up or down position. However, if member lowers legs, fails to keep feet on the ground/floor, fails to keep buttocks on the floor, or fails to keep arms folded across chest with hands in contact with chest, the test is ended. Timer begins with "Ready, Go" to simultaneously signal the start for all personnel being tested and should call out 15 second time intervals until completion of the test. Partner monitors member for correct form, and counts the number of correctly performed curl-ups. Incorrectly performed curl-ups shall not be counted.

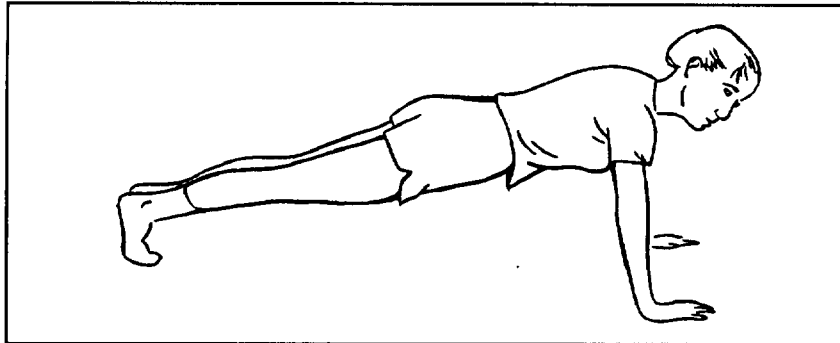
(5) If member is unable to achieve the satisfactory standard, the member has failed the entire PRT.

c. Push-ups

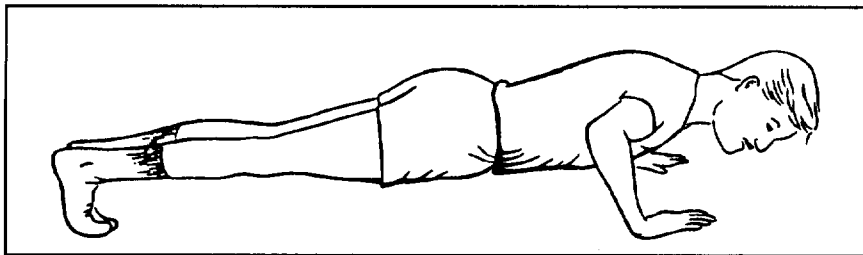
(1) Begin in the front-leaning rest position with hands approximately shoulder width apart and feet together (both feet on the floor). The back, buttocks and legs must be straight from head to heels and must remain so throughout the test. Feet may only be in contact with the floor, not a wall or other vertical support surface. Shoes are optional.



MAR 23 1998



(2) Lower the entire body by bending the elbows until the upper arms, shoulders and lower back are aligned and parallel to the deck.



(3) Return to the starting position by extending the elbows until the arms are straight.

(4) Repeat correctly as many times as possible in 2 minutes. Member may rest in the up position, maintaining the arms, back, buttocks, and legs in the straight position. Resting any part of the body on the deck (except hands and feet) ends the push-up event.

(5) Timer begins with "Ready, Go," to signal the start for all personnel being tested, and should call out 15-second time intervals until completion of the test. Partner monitors member for correct form, and counts the number of correctly performed push-ups. Incorrect push-ups shall not be counted.

(6) If member is unable to achieve the satisfactory standard, the member has failed the entire PRT.

d. 1.5-mile run/walk

(1) The event consists of running/walking 1.5 miles continuously, without stopping to rest. Members should be

MAR 23 1998

advised to pace themselves throughout the test to avoid beginning too rapidly and encountering difficulty later in the event.

(2) At least two CPR-qualified assistants must be standing by. Station assistants at intervals on the course or around the track, so that the entire course is in view by at least one assistant.

(3) Timer begins with "Ready, Go" to simultaneously signal the start for all personnel being tested and should call out time intervals/laps until completion of the test.

(4) Any combination of running or walking is allowed to complete the test. If a member stops competing (e.g., stops to rest) the test is over. For safety reasons, if members are so out of shape that they must stop to rest, the test is over and they fail the run portion of the PRT. Stopping to retie a shoe lace or remove a foreign object from the shoe, shall not be grounds for failing a member on the run.

(5) Record times with a stopwatch to the nearest second. Members who are unable to complete the run/walk in the satisfactory time, have failed the PRT.

(6) Refer to enclosure (5) for guidance on developing a physical conditioning program for members who do not achieve the satisfactory standard.

f. 500-yard swim. Members may opt to perform the 500-yard swim if, in the CO's judgement, facilities are reasonably available. Members shall be required to participate in the 1.5 mile run/walk in instances where swimming facilities are not reasonably available, unless medically waived. Members who are medically waived from the 1.5 mile run/walk are not required to swim. (Note: A 450-meter swim may be substituted for the 500-yard swim if the available pool is measured in meters (see appendix A for corresponding times and point values)).

(1) The event consists of swimming 500 yards or 450 meters in a standard 25- or 50-yard/meter swimming pool. OPEN WATER SWIMS ARE NOT AUTHORIZED.

(2) Qualified lifeguards must be present at all times.

(3) Monitors shall be stationed at ends of pool to count each swimmer's laps.

MAR 23 1998

(4) Timer begins with "Ready, Go" to simultaneously signal the start for all personnel being tested and should call out time intervals/lengths until completion of the test. Record time with a stopwatch to the nearest second.

(5) Swimmers begin the test in the water. Diving starts are not permitted. Swimmers may push off from the sides with hands and feet after each pool length. Racing turns are allowed.

(6) Any swim stroke and turn may be used. Resting, without forward progress, is permitted by holding the pool side, standing, or treading water.

(7) Swimmers may use goggles, face mask, swim caps or ear plugs. Fins, snorkels, flotation and propulsion devices are NOT allowed.

(8) If members are not able to achieve the satisfactory standard, they have failed the PRT.

#### 7. Scoring the PRT

a. Pass. To receive a score of "pass," members must achieve the satisfactory requirement, listed in appendix A of this enclosure, for each event (curl-up, push-up and 1.5 mile run/walk or swim).

b. Fail. Failure to meet satisfactory requirements in any of the events, other than the sit-reach, constitutes failure of the entire PRT, regardless of the total number of points earned. Refer to paragraph 4c.

c. Medical waivers. Members who are medically waived from a portion of the test should still participate in the other events. They may receive a mark of "pass" on the PRT if they pass at least 2 of the 3 events which are awarded points (curl-ups, push-ups, run/swim). See enclosure (2) for information on members who are injured or fail to complete PRT due to medical complications.

d. Total points. Points are scored for each event completed. To calculate total points, compare performance in each event with the Point Table in appendix A of this enclosure. Times/numbers which fall between increments, receive point values for slower/lower bracket (e.g., run time of 10:37 receives 85 points). Total points determine the member's overall classification; members may also be interested in their classification for each event.

OPNAVINST 6110.1E

MAR 23 1998

Example: Male, 28 yrs.

<u>Event</u>	<u>Performance</u>	<u>Points</u>	<u>Category</u>
Run	10:37	85	Good
Curl-ups	59	59	Good
Push-ups	50	83	Excellent
Sit reach	Pass	--	Pass
<b>TOTAL</b>		<b>227</b>	<b>GOOD</b>

**OVERALL CLASSIFICATION:**

**GOOD**

MAR 23 1998

POINT TABLE

Column A: Points awarded for each event  
 Column B: Number of Curl-Ups performed  
 Column C: Number of Push-Ups performed  
 Column D: 1.5-mile Run/Walk time in minutes  
 Column E: 500-yard Swim time in minutes  
 Column F: 450-meter Swim time in minutes

<u>A</u> <u>Pts</u>	<u>B</u> <u>C/U</u>	<u>C</u> <u>P/U</u>	<u>D</u> <u>Run</u>	<u>E</u> <u>Swim</u> <u>500Yd</u>	<u>F</u> <u>Swim</u> <u>450M</u>
100	100	67	8:10	8:00	7:52
99	99	66	:20	:12	8:04
98	98	65	:30	:24	:16
97	97	64	:40	:36	:28
96	96	63	:50	:48	:40
95	95	62	9:00	9:00	:52
94	94	61	:10	:12	9:04
93	93	60	:20	:24	:16
92	92	59	:30	:36	:28
91	91	58	:40	:48	:40
90	90	57	9:50	10:00	9:52
89	89	56	10:00	:12	10:04
88	88	55	:10	:24	:16
87	87	54	:20	:36	:28
86	86	53	:30	:48	:40
85	85	52	:40	11:00	:52
84	84	51	:50	:12	11:04
83	83	50	11:00	:24	:16
82	82	49	:10	:36	:28
81	81	48	:20	:48	:40
80	80	47	11:30	12:00	11:52
79	79	46	:40	:12	12:04
78	78	45	:50	:24	:16
77	77	44	12:00	:36	:28
76	76	43	:10	:48	:40
75	75	42	:20	13:00	:52
74	74	41	:30	:12	13:04
73	73	40	:40	:24	:16
72	72	39	:50	:36	:28
71	71	38	13:00	:48	:40

OPNAVINST 6110.1E

MAR 23 1998

<u>A</u> <u>Pts</u>	<u>B</u> <u>C/U</u>	<u>C</u> <u>P/U</u>	<u>D</u> <u>Run</u>	<u>E</u> <u>Swim</u> <u>500Yd</u>	<u>F</u> <u>Swim</u> <u>450M</u>
70	70	37	13:10	14:00	13:52
69	69	36	:20	:12	14:04
68	68	35	:30	:24	:16
67	67	34	:40	:36	:28
66	66	33	:50	:48	:40
65	65	32	14:00	15:00	:52
64	64	31	:10	:12	15:04
63	63	30	:20	:24	:16
62	62	29	:30	:36	:28
61	61	28	:40	:48	:40
60	60	27	14:50	16:00	15:52
59	59	26	15:00	:12	16:04
58	58	25	:10	:24	:16
57	57	24	:20	:36	:28
56	56	23	:30	:48	:40
55	55	22	:40	17:00	:52
54	54	21	:50	:12	17:04
53	53	20	16:00	:24	:16
52	52	19	:10	:36	:28
51	51	18	:20	:48	:40
50	50	17	16:30	18:00	17:52
49	49	16	:40	:12	18:04
48	48	15	:50	:24	:16
47	47	14	17:00	:36	:28
46	46	13	:10	:48	:40
45	45	12	:20	19:00	:52
44	44	11	:30	:12	19:04
43	43	10	:40	:24	:16
42	42		:50	:36	:28
41	41		18:00	:48	:40
40	40	9	18:10	20:00	19:52
39	39		:20	:12	20:04
38	38		:30	:24	:16
37	37		:40	:36	:28
36	36		:50	:48	:40
35	35	8	19:00	21:00	:52
34	34		:10	:12	21:04
33	33		:20	:24	:16
32	32		:30	:36	:28
31	31		:40	:48	:40

OPNAVINST 6110.1E

MAR 23 1998

<u>A</u> <u>Pts</u>	<u>B</u> <u>C/U</u>	<u>C</u> <u>P/U</u>	<u>D</u> <u>Run</u>	<u>E</u> <u>Swim</u> <u>500Yd</u>	<u>F</u> <u>Swim</u> <u>450M</u>
30	30	7	19:50	22:00	21:52
29	29		20:00	:12	22:04
28	28		:10	:24	:16
27	27		:20	:36	:28
26	26		:30	:48	:40
25	25	6	:40	23:00	:52
24	24		:50	:12	23:04
23	23		21:00	:24	:16
22	22		:10	:36	:28
21	21		:20	:48	:40
20	20	5	21:30	24:00	23:52
19	19		:40	:12	24:04
18	18		:50	:24	:16
17	17		22:00	:36	:28
16	16		:10	:48	:40
15	15	4	:20	25:00	:52
14	14		:30	:12	25:04
13	13		:40	:24	:16
12	12		:50	:36	:28
11	11		23:00	:48	:40
10	10	3	23:10	26:00	25:52
9	9		:20	:12	26:04
8	8		:30	:24	:16
7	7		:40	:36	:28
6	6		:50	:48	:40
5	5	2	24:00	27:00	:52
4	4		:10	:12	27:04
3	3		:20	:24	:16
2	2		:30	:36	:28
1	1	1	:40	:48	:40

OPNAVINST 6110.1E

MAR 23 1998

NAVY PHYSICAL READINESS TEST  
SCORE CATEGORIES FOR EACH EVENT

	17-19 YRS		20-29 YRS		30-39 YRS		40-49 YRS		50+ YRS	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
SIT-REACH										
PASS/FAIL	Touch Toes		Touch Toes		Touch Toes		Touch Toes		Touch Toes	
CURL-UPS 2 MINUTES										
Outstanding	88	86	84	84	75	74	73	72	68	67
Excellent	72	67	68	61	54	54	48	48	45	45
Good	60	52	50	45	40	39	35	34	33	32
Satisfactory	45	40	40	33	32	27	29	24	27	22
PUSH-UPS 2 MINUTES										
Outstand.	62	36	52	29	45	23	41	22	38	21
Excell.	57	31	48	24	41	19	37	18	35	17
Good	51	24	42	17	36	11	32	11	30	10
Sat.	38	18	29	11	23	5	20	5	19	5
1.5-MILE RUN/WALK										
Outstand.	9:00	11:30	9:15	11:30	10:00	12:00	10:15	12:15	10:45	12:45
Excell.	9:45	12:30	10:30	13:15	11:45	13:45	12:15	14:15	12:30	14:45
Good	11:00	13:30	12:00	14:15	13:45	15:30	14:30	16:15	15:15	16:45
Sat.	12:45	15:00	13:45	15:45	15:30	17:15	16:30	18:15	17:00	19:00
500-YARD SWIM										
Outstand.	8:00	9:15	8:00	9:15	10:15	12:15	11:15	13:15	11:45	13:45
Excell.	9:45	11:45	9:45	11:45	11:45	13:45	12:15	14:45	12:45	15:15
Good	11:30	14:15	11:30	14:15	14:15	15:45	15:15	16:45	15:15	17:30
Sat.	13:15	17:00	13:15	17:00	15:45	17:15	16:45	18:30	17:30	19:15
450-METER SWIM										
Outstand.	7:50	9:05	7:50	9:05	10:05	12:05	11:05	13:05	11:35	13:35
Excell.	9:35	11:35	9:35	11:35	11:35	13:35	12:05	14:35	12:35	15:05
Good	11:20	14:05	11:20	14:05	14:05	15:35	15:05	16:35	15:35	17:20
Sat.	13:05	16:50	13:05	16:50	15:35	17:05	16:35	18:20	17:20	19:05

OVERALL PRT SCORE CATEGORIES

	17-19 YRS		20-29 YRS		30-39 YRS		40-49 YRS		50+ YRS	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
1.5-MILE RUN/WALK										
Outstand.	278	235	262	226	242	207	234	202	223	193
Excell.	252	205	235	187	206	172	193	162	187	155
Good	227	177	202	158	175	139	162	129	153	123
Sat.	188	150	168	131	144	92	132	83	126	77
500-YARD/450-METER SWIM										
Outstand.	283	248	269	239	241	208	230	200	220	192
Excell.	253	212	240	199	209	177	196	167	188	166
Good	226	177	207	163	177	144	163	134	157	138
Sat.	189	146	175	132	149	100	138	91	131	75



MAR 23 1998

HEIGHT/WEIGHT AND BODY FAT MEASUREMENTS

1. Background and Rationale. Excess body fat is associated with an increased risk of high blood pressure, diabetes, cancer, and cardiovascular disease. This condition is also associated with inability to maintain physical performance (especially in hot climates) and may be correlated with a lack of fitness and stamina. Although body fat typically increases with age in Americans, it is not a healthy process, and frequently is simply the result of decreased activity and/or dietary indiscretion.

a. In 1985 a panel of experts at the National Institutes of Health (NIH) determined that excess body fat is associated with negative health consequences (see above). The NIH panel established a scientifically-based clinical definition of obesity--the level where health risks increase significantly. The NIH definition of obesity is 20 percent above the ideal weights from the 1983 Metropolitan Life Insurance Height-Weight Tables. These values for obesity, when converted to percent body fat, are 22 percent for men and 33 percent for women. Naval Health Research Center scientists reviewed this and numerous other scientific studies and recommended the NIH definition of obesity as the upper limits for Navy standards.

b. The upper allowable Navy limit for body fat is 22 percent for men and 33 percent for women. They are the upper limits of body fat associated with health. Most Sailors should have a SIGNIFICANTLY lower level of body fat.

c. Body fat limits are not based upon appearance in uniform. For example, a male service member who measures at 21 percent body fat, is below the maximum limit of 22 percent for Health and Physical Readiness standards, but may present a poor appearance in uniform. Appearance in uniform should be appropriately documented by reporting seniors on FITREPS and EVALS in "Military Bearing," regardless of compliance with Health and Physical Readiness Program standards.

2. Standards. All members must be measured for height/weight in conjunction with the semi-annual Physical Readiness Program cycles. Only members who are pregnant, or within the 6-month period following pregnancy, and members with unusual medical circumstances as described in enclosure (6), are waived from body composition measurements. If member exceeds the maximum weight for their height from appendix A of this enclosure, the member's percentage body fat shall be determined. Measure percent body fat on the same day as height/weight, whenever possible, by the

MAR 23 1998

circumference technique described in appendices B and C of this enclosure. Members have FAILED the body composition portion of the PRT if they exceed both height/weight and body fat limits (22 percent for men or 33 percent for women). Only measurements performed by CFC's, or assistant CFC's designated by the CO, shall be used for official PRT's and administrative purposes.

a. Height/weight screening table. Member will be weighed on a balance beam or digital scale in PT-type clothing (shorts, T-shirt), without shoes. A 1-pound deduction will be allowed for appropriate PT clothing. If a member chooses to be measured in other than the required PT clothing, no deduction for clothing is authorized. (This requirement saves time for CFC's; there should be no waiting for members to change clothes between height/weight and body fat measurements). Height must be measured for each PRT cycle.

(1) Measure height without shoes. Instruct members to stand with feet together, flat on the deck, take a deep breath and stretch tall.

(2) Fractions of an inch in height shall be rounded up to the nearest whole inch.

(3) Fractions of a pound in weight shall be rounded down to the nearest whole pound.

(4) If member meets height/weight standards from the table in appendix A of this enclosure, member is considered to be within standards, and a body fat measurement is not done.

b. Percentage body fat. Body fat percentage shall be measured for official purposes, only if member exceeds weight for height from table in appendix A of this enclosure.

c. Every member who exceeds height/weight and body fat standards must be evaluated by medical prior to participation in the PRT and the CDPC program. Members who do not meet standards must be enrolled in the CDPC program.

3. Exceeding standards. Anyone exceeding the weight for height upper limit and exceeding the maximum limit for body fat is considered "not within standards," which is a Physical Readiness Program failure and subject to administrative actions described in enclosure (6). These members shall be referred to medical for a determination of exercise risk and clearance to participate in the PRT and CDPC programs described in enclosure (5). See enclosure (2) for details on medical screening.

MAR 23 1998

#### 4. When to Take Height/Weight/Body Fat Measurements and Administrative Use of Measurements

a. Height/weight measurements taken for administrative purposes as part of the official semi-annual PRT will be taken once per cycle, not more than 10 days, and normally not fewer than 48 hours, before the scheduled PRT. Body fat measurements, if necessary because member exceeded height/weight limit, will normally be taken on the same day as the height/weight measurement. THESE MEASUREMENTS, AND THOSE TAKEN AFTER COMPLETING WEIGHT MANAGEMENT FOLLOW-UP, ARE THE ONLY MEASUREMENTS WHICH SHALL BE CONSIDERED TOWARD PROCESSING FOR ADMINISTRATIVE SEPARATION (see enclosure (6)). Separate guidance applies to Selected Reserves (see reference (i)) and Individual Ready Reserves (see enclosure (8)).

b. Since the goal of the program is to ensure that members are always within standards, CO's are encouraged to order height/weight/body fat measurements in addition to measurements taken for the official PRT. Such additional measurements shall not be used toward administrative separation, but may be used to provide current information for E7-O6 fitness reports and E1-E6 evaluations, applications for schools or special programs, transfer to special duty, approving or delaying frocking, advancement or promotion, and any other career events for which meeting body composition standards may be important or required.

c. Height/weight/body fat measurements may be taken when members check aboard to determine if CDPC is warranted.

d. Courtesy height/weight/body fat measurements may be taken 10-12 weeks prior to the PRT to facilitate medical evaluation. These measurements may not be used for administrative actions, but may be used to place member in the CDPC program in an attempt to reduce body fat prior to the official measurements.

e. Refer to enclosure (6) for details on administrative consequences and actions to take regarding members who exceed both height/weight and body fat limits.

#### 5. Medical Waivers from Height/Weight/Body Fat Measurements.

Medical waivers from height/weight/body fat measurement are normally only granted to members who are pregnant. However, waivers from actually weighing/measuring members, and waivers from administrative consequences may be granted to members with unusual medical conditions or circumstances. Refer to enclosure (6) for waiver criteria and procedures.

MAR 23 1998

a. Pregnancy. Height/weight/body fat assessment is waived from the time of medical diagnosis of pregnancy until 6 months after delivery. A member whose pregnancy terminates before delivery shall be waived from height/weight/body fat measurements for a period of time designated by her physician, normally not to exceed 6 months.

b. Medication or other medical treatment. Normally, medications and other treatments are not cause to be excused from taking and documenting height/weight/body fat measurements. Refer to enclosure (6) for details on waivers from administrative actions due to medical conditions.

c. The following are not considered to be waivers from height/weight/body fat measurements:

(1) Medical waivers from the PRT. Members who are medically waived from the PRT are not excused from height/weight and body fat measurements, with the exception of pregnant members. See enclosure (6) for details on waivers from administrative actions if members exceed the height/weight/body fat standard due to unusual medical conditions.

(2) Reporting to new duty station with fewer than 10 weeks before the PRT. The 10- to 12-week notification only applies to PRT participation. Members who check aboard a command within the 10-weeks prior to a scheduled PRT shall be officially measured for height/weight/body fat with the rest of the command, unless:

(a) The member has already completed two official Physical Readiness Program cycles during the current fiscal year.

(b) The new command's measurement is within 4 months of the member's last measurement (at the previous command).

6. Failure to Participate. Failure to participate in height/weight/body fat measurements when directed, will be considered a failure of the height/weight/body fat measurement. If the measurement was intended as part of the official, regularly scheduled, semi-annual fitness test, it shall be considered a Physical Readiness Program failure. Refer to enclosure (6) for administrative consequences.

MAR 23 1998

**WEIGHT FOR HEIGHT TABLE**  
Maximum Weight in Pounds

<b>Men</b>	<b>Height in Inches</b>	<b>Women</b>
132	58	134
137	59	138
142	60	142
147	61	145
152	62	149
157	63	152
162	64	156
167	65	160
172	66	163
177	67	167
182	68	170
188	69	174
192	70	177
196	71	181
201	72	185
206	73	188
211	74	192
216	75	195
221	76	199
226	77	203
231	78	206
236	79	210
241	80	213

MAR 23 1998

PERCENT BODY FAT MEASUREMENT PROCEDURES

1. CFC's shall attend BUPERS-approved CFC training where proper technique for measuring body fat is learned, and common procedural errors are noted. Contact BUPERS Health and Physical Readiness Branch for information on the nearest training site. Those who perform body fat measurements must be constantly alert to common measurement errors, which include:

- a. Failure to place tape at the appropriate landmarks.
- b. Failure to apply appropriate tension on the tape; the tape should be tight enough to hold it in place against the subject's skin, without indenting the skin surface. A paper clip may be used to insure proper tape tension and proper placement.
- c. Failure to round neck circumference up to the nearest 1/2 inch, and all other circumferences down to the nearest 1/2 inch.

2. General Instructions. Procedures for determining percent body fat require the use of a standard, non-stretching (cloth or fiberglass) tape measure. The tape should be applied to body landmarks with sufficient tension to keep it in place without indenting the skin surface. With the exception of the hip measurement for women, all measurements will be taken on bare skin. Women's hip measurements shall be taken over light weight loose fitting gym shorts or pants. Tight fitting rubberized foundation garments or exercise belts shall not be worn at least 30 minutes before measuring. Control-top panty hose, spandex tights, and other "shaping" garments shall not be worn during measuring. Women shall be afforded the opportunity to be measured in the presence of another woman, if requested.

3. Percent Body Fat Determination for Men

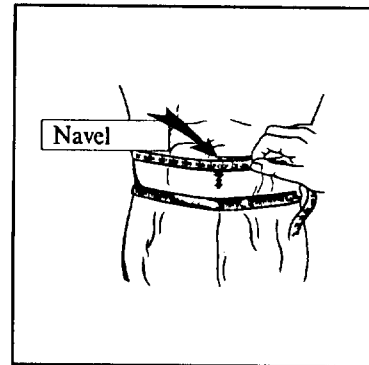
a. Measure height without shoes to nearest 1/2 inch. Instruct member to stand with feet together, flat on the deck, take a deep breath and stretch tall.

b. Measure the neck circumference at a point just below the larynx (Adam's Apple) perpendicular to the long axis of the neck. Member looks straight ahead with shoulders down (not hunched). Round neck measurement UP to the nearest 1/2 inch and record (e.g., round 16 1/4 inches to 16 1/2 inches).



MAR 23 1998

c. Measure abdominal circumference against the skin at the navel, level and parallel to the deck. Arms are at the sides. Take measurement at the end of member's normal, relaxed exhalation. Round abdominal measurement DOWN to the nearest 1/2 inch and record (e.g., round 34 3/4 to 34 1/2 inches).

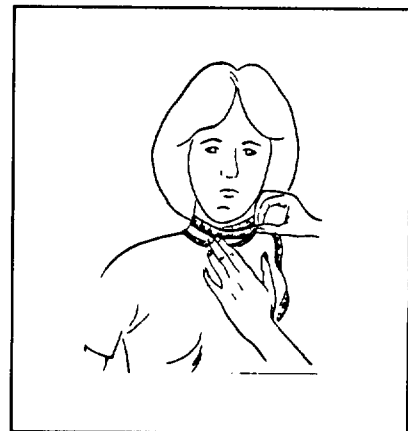


d. Determine percent body fat by subtracting the neck from the abdominal measurement and comparing this value against the height measurement, appendix C to enclosure (4).

#### 4. Percent Body Fat Determination for Women

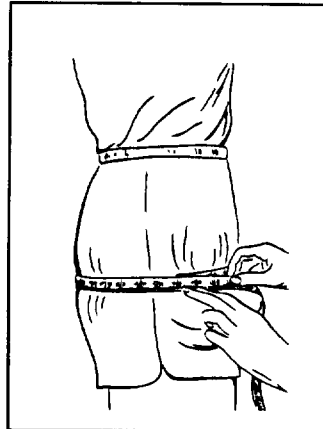
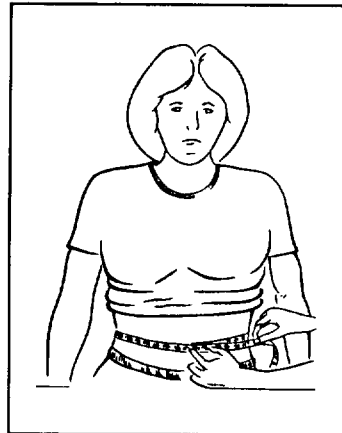
a. Measure height without shoes to the nearest 1/2 inch. Instruct member to stand with feet together and flat on the deck, take a deep breath and stretch tall.

b. Measure neck circumference at a point just below the larynx (Adam's Apple) and perpendicular to the long axis of the neck. Member should look straight ahead during measurement, with shoulders down (not hunched). Round neck measurement UP to nearest 1/2 inch and record (e.g., round 13 3/8 inches to 13 1/2 inches).



c. Measure the natural waist circumference, against the skin, at the point of minimal abdominal circumference, usually located about half-way between the navel and the lower end of the sternum (breast bone). When this site is not easily observed, take several measurements at probable sites and use the smallest value. Be sure that the tape is level and parallel to the deck. Arms are at the sides. Take measurements at the end of member's normal relaxed exhalation. Round natural waist measurement down and record to the nearest 1/2 inch (e.g., round 28 5/8 inches to 28 1/2 inches).

MAR 23 1998



d. Measure the hip circumference while facing the subject's right side by placing the tape around the hips so that it passes over the greatest protrusion of the gluteal muscles (buttocks) as viewed from the side. Make sure the tape is level and parallel to the deck. Apply sufficient tension on the tape to minimize the effect of clothing. Round the hip measurement down to the nearest 1/2 inch and record (e.g., round 44 3/8 inches to 44 inches). See paragraph 2 of this appendix for clothing requirements during measuring.

e. Determine percent body fat by adding the waist and the hip measurements, subtracting the neck measurement, and comparing this value against the height measurement in appendix C to enclosure (4).



MAR 23 1998

## PERCENT FAT ESTIMATION FOR MEN

Circumference Value*	Height (inches)									
	60.0	60.5	61.0	61.5	62.0	62.5	63.0	63.5	64.0	64.5
11.0	3	2	2	2	2	1	1	1	1	1
11.5	4	4	4	3	3	3	3	2	2	2
12.0	6	5	5	5	5	4	4	4	4	3
12.5	7	7	6	6	6	6	6	5	5	5
13.0	8	8	8	8	7	7	7	7	6	6
13.5	10	9	9	9	9	8	8	8	8	8
14.0	11	11	10	10	10	10	10	9	9	9
14.5	12	12	12	11	11	11	11	11	10	10
15.0	13	13	13	13	12	12	12	12	12	11
15.5	15	14	14	14	14	13	13	13	13	12
16.0	16	15	15	15	15	15	14	14	14	14
16.5	17	17	16	16	16	16	15	15	15	15
17.0	18	18	17	17	17	17	16	16	16	16
17.5	19	19	19	18	18	18	18	17	17	17
18.0	20	20	20	19	19	19	19	18	18	18
18.5	21	21	21	20	20	20	20	19	19	19
19.0	22	22	22	21	21	21	21	20	20	20
19.5	23	23	23	22	22	22	22	21	21	21
20.0	24	24	23	23	23	23	22	22	22	22
20.5	25	25	24	24	24	24	23	23	23	23
21.0	26	26	25	25	25	25	24	24	24	24
21.5	27	26	26	26	26	25	25	25	25	24
22.0	28	27	27	27	27	26	26	26	26	25
22.5	28	28	28	28	27	27	27	27	26	26
23.0	29	29	29	29	28	28	28	28	27	27
23.5	30	30	30	29	29	29	29	28	28	28
24.0	31	31	30	30	30	30	29	29	29	29
24.5	32	31	31	31	31	30	30	30	30	29
25.0	33	32	32	32	31	31	31	31	30	30
25.5	33	33	33	33	32	32	32	31	31	31
26.0	34	34	34	33	33	33	32	32	32	32
26.5	35	35	34	34	34	33	33	33	33	32
27.0	36	35	35	35	34	34	34	34	33	33
27.5	36	36	36	35	35	35	35	34	34	34
28.0	37	37	36	36	36	36	35	35	35	35
28.5	38	37	37	37	37	36	36	36	36	35
29.0	38	38	38	38	37	37	37	37	36	36
29.5	39	39	39	38	38	38	37	37	37	37
30.0	40	39	39	39	39	38	38	38	38	37
30.5	40	40	40	40	39	39	39	39	38	38
31.0	41	41	40	40	40	40	39	39	39	39
31.5	42	41	41	41	41	40	40	40	40	39
32.0	42	42	42	42	41	41	41	40	40	40

\* Circumference value = abdomen circumference - neck circumference (in inches)

MAR 23 1998

## PERCENT FAT ESTIMATION FOR MEN

Circumference Value*	Height (inches)									
	65.0	65.5	66.0	66.5	67.0	67.5	68.0	68.5	69.0	69.5
11.0	-	-	-	-	-	-	-	-	-	-
11.5	2	2	1	1	1	1	1	-	-	-
12.0	3	3	3	3	2	2	2	2	2	1
12.5	5	4	4	4	4	4	3	3	3	3
13.0	6	6	6	5	5	5	5	5	4	4
13.5	7	7	7	7	6	6	6	6	6	5
14.0	9	8	8	8	8	8	7	7	7	7
14.5	10	10	9	9	9	9	9	8	8	8
15.0	11	11	11	10	10	10	10	10	9	9
15.5	12	12	12	12	11	11	11	11	11	10
16.0	13	13	13	13	13	12	12	12	12	11
16.5	14	14	14	14	14	13	13	13	13	13
17.0	16	15	15	15	15	14	14	14	14	14
17.5	17	16	16	16	16	16	15	15	15	15
18.0	18	17	17	17	17	17	16	16	16	16
18.5	19	18	18	18	18	18	17	17	17	17
19.0	20	19	19	19	19	19	18	18	18	18
19.5	21	20	20	20	20	19	19	19	19	19
20.0	22	21	21	21	21	20	20	20	20	20
20.5	22	22	22	22	22	21	21	21	21	20
21.0	23	23	23	23	22	22	22	22	22	21
21.5	24	24	24	24	23	23	23	23	22	22
22.0	25	25	25	24	24	24	24	24	23	23
22.5	26	26	25	25	25	25	25	24	24	24
23.0	27	27	26	26	26	26	25	25	25	25
23.5	28	27	27	27	27	26	26	26	26	26
24.0	28	28	28	28	27	27	27	27	27	26
24.5	29	29	29	29	28	28	28	28	27	27
25.0	30	30	30	29	29	29	29	28	28	28
25.5	31	31	30	30	30	30	29	29	29	29
26.0	32	31	31	31	31	30	30	30	30	29
26.5	32	32	32	32	31	31	31	31	30	30
27.0	33	33	32	32	32	32	32	31	31	31
27.5	34	33	33	33	33	33	32	32	32	32
28.0	34	34	34	34	33	33	33	33	33	32
28.5	35	35	35	34	34	34	34	33	33	33
29.0	36	36	35	35	35	35	34	34	34	34
29.5	36	36	36	36	35	35	35	35	35	34
30.0	37	37	37	36	36	36	36	35	35	35
30.5	38	38	37	37	37	37	36	36	36	36
31.0	38	38	38	38	37	37	37	37	37	36
31.5	39	39	39	38	38	38	38	37	37	37
32.0	40	39	39	39	39	38	38	38	38	38
32.5	40	40	40	40	39	39	39	39	38	38
33.0	41	41	40	40	40	40	39	39	39	39
33.5	42	41	41	41	41	40	40	40	40	39
34.0	42	42	42	41	41	41	41	40	40	40

\* Circumference value = abdomen circumference - neck circumference (in inches)

MAR 23 1998

## PERCENT FAT ESTIMATION FOR MEN

Circumference Value*	Height (inches)									
	70.0	70.5	71.0	71.5	72.0	72.5	73.0	73.5	74.0	74.5
11.0	-	-	-	-	-	-	-	-	-	-
11.5	-	-	-	-	-	-	-	-	-	-
12.0	1	1	1	1	-	-	-	-	-	-
12.5	3	2	2	2	2	2	1	1	1	1
13.0	4	4	4	3	3	3	3	3	2	2
13.5	5	5	5	5	4	4	4	4	4	4
14.0	7	6	6	6	6	6	5	5	5	5
14.5	8	8	7	7	7	7	7	6	6	6
15.0	9	9	9	8	8	8	8	8	7	7
15.5	10	10	10	9	9	9	9	9	9	8
16.0	11	11	11	11	10	10	10	10	10	9
16.5	12	12	12	12	12	11	11	11	11	11
17.0	13	13	13	13	13	12	12	12	12	12
17.5	14	14	14	14	14	13	13	13	13	13
18.0	15	15	15	15	15	14	14	14	14	14
18.5	16	16	16	16	16	15	15	15	15	15
19.0	17	17	17	17	17	16	16	16	16	16
19.5	18	18	18	18	18	17	17	17	17	17
20.0	19	19	19	19	18	18	18	18	18	17
20.5	20	20	20	20	19	19	19	19	19	18
21.0	21	21	21	20	20	20	20	20	19	19
21.5	22	22	22	21	21	21	21	21	20	20
22.0	23	23	22	22	22	22	22	21	21	21
22.5	24	23	23	23	23	23	22	22	22	22
23.0	25	24	24	24	24	23	23	23	23	23
23.5	25	25	25	25	24	24	24	24	24	23
24.0	26	26	26	25	25	25	25	25	24	24
24.5	27	27	26	26	26	26	26	25	25	25
25.0	28	27	27	27	27	27	26	26	26	26
25.5	28	28	28	28	28	27	27	27	27	27
26.0	29	29	29	29	28	28	28	28	27	27
26.5	30	30	29	29	29	29	29	28	28	28
27.0	31	30	30	30	30	30	29	29	29	29
27.5	31	31	31	31	30	30	30	30	30	29
28.0	32	32	32	31	31	31	31	31	30	30
28.5	33	33	32	32	32	32	31	31	31	31
29.0	33	33	33	33	33	32	32	32	32	31
29.5	34	34	34	33	33	33	33	33	32	32
30.0	35	35	34	34	34	34	33	33	33	33
30.5	35	35	35	35	35	34	34	34	34	33
31.0	36	36	36	35	35	35	35	34	34	34
31.5	37	36	36	36	36	36	35	35	35	35
32.0	37	37	37	37	36	36	36	36	36	35
32.5	38	38	37	37	37	37	37	36	36	36
33.0	39	38	38	38	38	37	37	37	37	37
33.5	39	39	39	38	38	38	38	38	37	37
34.0	40	39	39	39	39	39	38	38	38	38
34.5	40	40	40	40	39	39	39	39	39	38
35.0	41	41	40	40	40	40	40	39	39	39

\* Circumference value = abdomen circumference - neck circumference (in inches)

MAR 23 1998

## PERCENT FAT ESTIMATION FOR MEN

Circumference Value*	Height (inches)									
	75.0	75.5	76.0	76.5	77.0	77.5	78.0	78.5	79.0	79.5
11.0	-	-	-	-	-	-	-	-	-	-
11.5	-	-	-	-	-	-	-	-	-	-
12.0	-	-	-	-	-	-	-	-	-	-
12.5	1	1	-	-	-	-	-	-	-	-
13.0	2	2	2	1	1	1	1	1	1	-
13.5	3	3	3	3	3	2	2	2	2	2
14.0	5	4	4	4	4	4	3	3	3	3
14.5	6	6	5	5	5	5	5	5	4	4
15.0	7	7	7	6	6	6	6	6	6	5
15.5	8	8	8	8	7	7	7	7	7	6
16.0	9	9	9	9	9	8	8	8	8	8
16.5	10	10	10	10	10	9	9	9	9	9
17.0	11	11	11	11	11	10	10	10	10	10
17.5	12	12	12	12	12	11	11	11	11	11
18.0	13	13	13	13	13	12	12	12	12	12
18.5	14	14	14	14	14	13	13	13	13	13
19.0	15	15	15	15	15	14	14	14	14	14
19.5	16	16	16	16	16	15	15	15	15	15
20.0	17	17	17	17	16	16	16	16	16	16
20.5	18	18	18	18	17	17	17	17	17	16
21.0	19	19	19	18	18	18	18	18	18	17
21.5	20	20	20	19	19	19	19	19	18	18
22.0	21	21	20	20	20	20	20	19	19	19
22.5	22	21	21	21	21	21	20	20	20	20
23.0	22	22	22	22	22	21	21	21	21	21
23.5	23	23	23	23	22	22	22	22	22	21
24.0	24	24	24	23	23	23	23	23	22	22
24.5	25	25	24	24	24	24	24	23	23	23
25.0	26	25	25	25	25	25	24	24	24	24
25.5	26	26	26	26	26	25	25	25	25	25
26.0	27	27	27	26	26	26	26	26	25	25
26.5	28	28	27	27	27	27	27	26	26	26
27.0	28	28	28	28	28	27	27	27	27	27
27.5	29	29	29	29	28	28	28	28	28	27
28.0	30	30	29	29	29	29	29	28	28	28
28.5	31	30	30	30	30	30	29	29	29	29
29.0	31	31	31	31	30	30	30	30	30	29
29.5	32	32	31	31	31	31	31	30	30	30
30.0	33	32	32	32	32	32	31	31	31	31
30.5	33	33	33	33	32	32	32	32	32	31
31.0	34	34	33	33	33	33	33	32	32	32
31.5	34	34	34	34	34	33	33	33	33	33
32.0	35	35	35	34	34	34	34	34	33	33
32.5	36	35	35	35	35	35	34	34	34	34
33.0	36	36	36	36	35	35	35	35	35	34
33.5	37	37	36	36	36	36	36	35	35	35
34.0	37	37	37	37	37	36	36	36	36	36
34.5	38	38	38	37	37	37	37	37	36	36
35.0	39	38	38	38	38	38	37	37	37	37
35.5	39	39	39	39	38	38	38	38	38	37
36.0	40	40	39	39	39	39	39	38	38	38
36.5	40	40	40	40	39	39	39	39	39	38
37.0	41	41	40	40	40	40	40	39	39	39
37.5	41	41	41	41	41	40	40	40	40	40

\* Circumference value = abdomen circumference - neck circumference (in inches)

MAR 23 1998

## PERCENT FAT ESTIMATION FOR WOMEN

Circumference Value*	Height (inches)									
	58.0	58.5	59.0	59.5	60.0	60.5	61.0	61.5	62.0	62.5
34.5	2	2	1	1	1	-	-	-	-	-
35.0	3	3	2	2	2	1	1	1	-	-
35.5	4	4	3	3	3	2	2	2	1	1
36.0	5	4	4	4	3	3	3	2	2	2
36.5	6	5	5	5	4	4	4	3	3	3
37.0	7	6	6	5	5	5	4	4	4	4
37.5	7	7	7	6	6	6	5	5	5	4
38.0	8	8	8	7	7	7	6	6	6	5
38.5	9	9	8	8	8	7	7	7	6	6
39.0	10	10	9	9	9	8	8	8	7	7
39.5	11	10	10	10	9	9	9	8	8	8
40.0	12	11	11	10	10	10	9	9	9	8
40.5	12	12	12	11	11	11	10	10	10	9
41.0	13	13	12	12	12	11	11	11	10	10
41.5	14	14	13	13	13	12	12	12	11	11
42.0	15	14	14	14	13	13	13	12	12	12
42.5	16	15	15	14	14	14	13	13	13	12
43.0	16	16	16	15	15	15	14	14	14	13
43.5	17	17	16	16	16	15	15	15	14	14
44.0	18	18	17	17	16	16	16	15	15	15
44.5	19	18	18	18	17	17	16	16	16	15
45.0	19	19	19	18	18	18	17	17	17	16
45.5	20	20	19	19	19	18	18	18	17	17
46.0	21	21	20	20	19	19	19	18	18	18
46.5	22	21	21	21	20	20	19	19	19	18
47.0	22	22	22	21	21	21	20	20	19	19
47.5	23	23	22	22	22	21	21	21	20	20
48.0	24	23	23	23	22	22	22	21	21	21
48.5	25	24	24	23	23	23	22	22	22	21
49.0	25	25	24	24	24	23	23	23	22	22
49.5	26	26	25	25	24	24	24	23	23	23
50.0	27	26	26	25	25	25	24	24	24	23
50.5	27	27	27	26	26	25	25	25	24	24
51.0	28	28	27	27	27	26	26	25	25	25
51.5	29	28	28	28	27	27	26	26	26	25
52.0	29	29	29	28	28	28	27	27	26	26
52.5	30	30	29	29	29	28	28	27	27	27
53.0	31	30	30	30	29	29	28	28	28	27
53.5	31	31	31	30	30	30	29	29	28	28
54.0	32	32	31	31	31	30	30	29	29	29
54.5	33	32	32	32	31	31	30	30	30	29
55.0	33	33	33	32	32	31	31	31	30	30
55.5	34	34	33	33	32	32	32	31	31	31
56.0	35	34	34	34	33	33	32	32	32	31
56.5	35	35	35	34	34	33	33	33	32	32
57.0	36	36	35	35	34	34	34	33	33	33
57.5	37	36	36	35	35	35	34	34	34	33
58.0	37	37	36	36	36	35	35	35	34	34
58.5	38	37	37	37	36	36	36	35	35	34

\* Circumference value = natural waist + hip - neck circumference (in inches)

MAR 23 1998

## PERCENT FAT ESTIMATION FOR WOMEN

Circumference Value*	Height (inches)									
	58.0	58.5	59.0	59.5	60.0	60.5	61.0	61.5	62.0	62.5
59.0	38	38	38	37	37	37	36	36	35	35
59.5	39	39	38	38	38	37	37	36	36	36
60.0	40	39	39	39	38	38	37	37	37	36
60.5	40	40	40	39	39	38	38	38	37	37
61.0	41	41	40	40	39	39	39	38	38	37
61.5	42	41	41	40	40	40	39	39	38	38
62.0	42	42	41	41	41	40	40	39	39	39
62.5	43	42	42	42	41	41	40	40	40	39
63.0	43	43	43	42	42	41	41	41	40	40
63.5	44	43	43	43	42	42	42	41	41	40
64.0	44	44	44	43	43	42	42	42	41	41
64.5	45	45	44	44	43	43	43	42	42	42
65.0	46	45	45	44	44	44	43	43	42	42
65.5	46	46	45	45	45	44	44	43	43	43
66.0	47	46	46	46	45	45	44	44	44	43
66.5	47	47	47	46	46	45	45	45	44	44
67.0	48	48	47	47	46	46	46	45	45	44
67.5	49	48	48	47	47	46	46	46	45	45
68.0	49	49	48	48	47	47	47	46	46	46

\* Circumference value = natural waist + hip - neck circumference (in inches)

MAR 23 1998

## PERCENT FAT ESTIMATION FOR WOMEN

Circumference Value*	Height (inches)									
	63.0	63.5	64.0	64.5	65.0	65.5	66.0	66.5	67.0	67.5
36.0	1	1	1	1	-	-	-	-	-	-
36.5	2	2	2	1	1	1	-	-	-	-
37.0	3	3	3	2	2	2	1	1	1	-
37.5	4	4	3	3	3	2	2	2	2	1
38.0	5	5	4	4	4	3	3	3	2	2
38.5	6	5	5	5	4	4	4	4	3	3
39.0	7	6	6	6	5	5	5	4	4	4
39.5	7	7	7	6	6	6	5	5	5	5
40.0	8	8	8	7	7	7	6	6	6	5
40.5	9	9	8	8	8	7	7	7	6	6
41.0	10	9	9	9	8	8	8	8	7	7
41.5	11	10	10	10	9	9	9	8	8	8
42.0	11	11	11	10	10	10	9	9	9	8
42.5	12	12	11	11	11	10	10	10	10	9
43.0	13	13	12	12	12	11	11	11	10	10
43.5	14	13	13	13	12	12	12	11	11	11
44.0	14	14	14	13	13	13	12	12	12	12
44.5	15	15	14	14	14	14	13	13	13	12
45.0	16	16	15	15	15	14	14	14	13	13
45.5	17	16	16	16	15	15	15	14	14	14
46.0	17	17	17	16	16	16	15	15	15	14
46.5	18	18	17	17	17	16	16	16	15	15
47.0	19	18	18	18	17	17	17	17	16	16
47.5	20	19	19	19	18	18	18	17	17	17
48.0	20	20	20	19	19	19	18	18	18	17
48.5	21	21	20	20	20	19	19	19	18	18
49.0	22	21	21	21	20	20	20	19	19	19
49.5	22	22	22	21	21	21	20	20	20	19
50.0	23	23	22	22	22	21	21	21	20	20
50.5	24	23	23	23	22	22	22	21	21	21
51.0	24	24	24	23	23	23	22	22	22	21
51.5	25	25	24	24	24	23	23	23	22	22
52.0	26	25	25	25	24	24	24	23	23	23
52.5	26	26	26	25	25	25	24	24	24	23
53.0	27	27	26	26	26	25	25	25	24	24
53.5	28	27	27	27	26	26	26	25	25	25
54.0	28	28	28	27	27	27	26	26	26	25
54.5	29	29	28	28	28	27	27	27	26	26
55.0	30	29	29	29	28	28	28	27	27	27
55.5	30	30	30	29	29	29	28	28	28	27
56.0	31	31	30	30	30	29	29	29	28	28
56.5	32	31	31	31	30	30	29	29	29	28
57.0	32	32	31	31	31	30	30	30	29	29
57.5	33	32	32	32	31	31	31	30	30	30
58.0	33	33	33	32	32	32	31	31	31	30
58.5	34	34	33	33	33	32	32	32	31	31

\* Circumference value = natural waist + hip - neck circumference (in inches)

MAR 23 1998

## PERCENT FAT ESTIMATION FOR WOMEN

Circumference Value*	Height (inches)									
	63.0	63.5	64.0	64.5	65.0	65.5	66.0	66.5	67.0	67.5
59.0	35	34	34	34	33	33	33	32	32	32
59.5	35	35	35	34	34	33	33	33	32	32
60.0	36	36	35	35	34	34	34	33	33	33
60.5	36	36	36	35	35	35	34	34	34	33
61.0	37	37	36	36	36	35	35	35	34	34
61.5	38	37	37	37	36	36	36	35	35	35
62.0	38	38	38	37	37	36	36	36	35	35
62.5	39	38	38	38	37	37	37	36	36	36
63.0	39	39	39	38	38	38	37	37	37	36
63.5	40	40	39	39	39	38	38	38	37	37
64.0	41	40	40	40	39	39	38	38	38	37
64.5	41	41	40	40	40	39	39	39	38	38
65.0	42	41	41	41	40	40	40	39	39	39
65.5	42	42	42	41	41	40	40	40	39	39
66.0	43	43	42	42	41	41	41	40	40	40
66.5	43	43	43	42	42	42	41	41	41	40
67.0	44	44	43	43	43	42	42	41	41	41
67.5	45	44	44	43	43	43	42	42	42	41
68.0	45	45	44	44	44	43	43	43	42	42
68.5	46	45	45	45	44	44	43	43	43	42
69.0	46	46	45	45	45	44	44	44	43	43
69.5	47	46	46	46	45	45	45	44	44	43
70.0	47	47	47	46	46	45	45	45	44	44
70.5	48	47	47	47	46	46	46	45	45	45
71.0	48	48	48	47	47	47	46	46	45	45

\* Circumference value = natural waist + hip - neck circumference (in inches)



MAR 23 1998

## PERCENT FAT ESTIMATION FOR WOMEN

Circumference Value*	Height (inches)									
	68.0	68.5	69.0	69.5	70.0	70.5	71.0	71.5	72.0	72.5
38.0	2	2	1	1	1	-	-	-	-	-
38.5	3	2	2	2	2	1	1	-	-	-
39.0	3	3	3	3	2	2	2	1	1	1
39.5	4	4	4	3	3	3	3	2	2	2
40.0	5	5	4	4	4	4	3	3	3	3
40.5	6	6	5	5	5	4	4	4	4	3
41.0	7	6	6	6	5	5	5	5	4	4
41.5	7	7	7	7	6	6	6	5	5	5
42.0	8	8	8	7	7	7	6	6	6	6
42.5	9	9	8	8	8	7	7	7	7	6
43.0	10	9	9	9	9	8	8	8	7	7
43.5	10	10	10	10	9	9	9	8	8	8
44.0	11	11	11	10	10	10	9	9	9	9
44.5	12	12	11	11	11	10	10	10	10	9
45.0	13	12	12	12	11	11	11	11	11	11
45.5	13	13	13	13	12	12	12	11	10	10
46.0	14	14	14	13	13	13	12	12	12	11
46.5	15	15	14	14	14	13	13	13	12	12
47.0	16	15	15	15	14	14	14	13	13	13
47.5	16	16	16	15	15	15	14	14	14	14
48.0	17	17	16	16	16	15	15	15	15	14
48.5	18	17	17	17	16	16	16	16	15	15
49.0	18	18	18	17	17	17	17	16	16	16
49.5	19	19	18	18	18	18	17	17	17	16
50.0	20	19	19	19	18	18	18	18	17	17
50.5	20	20	20	19	19	19	19	18	18	18
51.0	21	21	20	20	20	20	19	19	19	18
51.5	22	21	21	21	20	20	20	20	19	19
52.0	22	22	22	21	21	21	21	20	20	20
52.5	23	23	22	22	22	21	21	21	21	20
53.0	24	23	23	23	22	22	22	22	21	21
53.5	24	24	24	23	23	23	22	22	22	22
54.0	25	25	24	24	24	23	23	23	23	22
54.5	26	25	25	25	24	24	24	23	23	23
55.0	26	26	26	25	25	25	24	24	24	23
55.5	27	27	26	26	26	25	25	25	24	24
56.0	28	27	27	27	26	26	26	25	25	25
56.5	28	28	28	27	27	27	26	26	26	25
57.0	29	28	28	28	27	27	27	27	26	26
57.5	29	29	29	28	28	28	27	27	27	27
58.0	30	30	29	29	29	28	28	28	27	27
58.5	31	30	30	30	29	29	29	28	28	28

\* circumference value = natural waist + hip - neck circumference (in inches)

OPNAVINST 6110.1E

MAR 23 1993

# PERCENT FAT ESTIMATION FOR WOMEN

Circumference Value*	Height (inches)									
	68.0	68.5	69.0	69.5	70.0	70.5	71.0	71.5	72.0	72.5
59.0	31	31	31	30	30	30	29	29	29	28
59.5	32	31	31	31	31	30	30	30	29	29
60.0	32	32	32	31	31	31	30	30	30	30
60.5	33	33	32	32	32	31	31	31	30	30
61.0	34	33	33	33	32	32	32	31	31	31
61.5	34	34	34	33	33	33	32	32	32	31
62.0	35	34	34	34	33	33	33	32	32	32
62.5	35	35	35	34	34	34	33	33	33	32
63.0	36	36	35	35	35	34	34	34	33	33
63.5	36	36	36	35	35	35	35	34	34	34
64.0	37	37	36	36	36	35	35	35	34	34
64.5	38	37	37	37	36	36	36	35	35	35
65.0	38	38	38	37	37	37	36	36	36	35
65.5	39	38	38	38	37	37	37	36	36	36
66.0	39	39	39	38	38	38	37	37	37	36
66.5	40	40	39	39	39	38	38	38	37	37
67.0	40	40	40	39	39	39	38	38	38	37
67.5	41	41	40	40	40	39	39	39	38	38
68.0	42	41	41	40	40	40	40	39	39	39
68.5	42	42	41	41	41	40	40	40	39	39
69.0	43	42	42	42	41	41	41	40	40	40
69.5	43	43	42	42	42	41	41	41	40	40
70.0	44	43	43	43	42	42	42	41	41	41
70.5	44	44	44	43	43	43	42	42	42	41
71.0	45	44	44	44	43	43	43	42	42	42
71.5	45	45	45	44	44	44	43	43	43	42
72.0	46	45	45	45	44	44	44	43	43	43
72.5	46	46	46	45	45	45	44	44	44	43
73.0	47	46	46	46	45	45	45	44	44	44
73.5	47	47	47	46	46	46	45	45	45	44
74.0	48	48	47	47	46	46	46	45	45	45

\* Circumference value = natural waist + hip - neck circumference (in inches)

MAR 23 1966

## PERCENT FAT ESTIMATION FOR WOMEN

Circumference Value*	Height (inches)									
	73.0	73.5	74.0	74.5	75.0	75.5	76.0	76.5	77.0	77.5
39.5	1	1	1	1	-	-	-	-	-	-
40.0	2	2	2	1	1	1	1	-	-	-
40.5	3	3	2	2	2	2	1	1	1	1
41.0	4	4	3	3	3	2	2	2	2	1
41.5	5	4	4	4	3	3	3	3	2	2
42.0	5	5	5	5	4	4	4	3	3	3
42.5	6	6	6	5	5	5	4	4	4	4
43.0	7	7	6	6	6	5	5	5	5	4
43.5	8	7	7	7	6	6	6	6	5	5
44.0	8	8	8	7	7	7	7	6	6	6
44.5	9	9	8	8	8	8	7	7	7	7
45.0	10	9	9	9	9	8	8	8	8	7
45.5	10	10	10	10	9	9	9	9	8	8
46.0	11	11	11	10	10	10	10	9	9	9
46.5	12	12	11	11	11	11	10	10	10	9
47.0	13	12	12	12	11	11	11	11	10	10
47.5	13	13	13	12	12	12	12	11	11	11
48.0	14	14	13	13	13	13	12	12	12	12
48.5	15	14	14	14	14	13	13	13	12	12
49.0	15	15	15	15	14	14	14	13	13	13
49.5	16	16	15	15	15	15	14	14	14	14
50.0	17	16	16	16	16	15	15	15	14	14
50.5	17	17	17	17	16	16	16	15	15	15
51.0	18	18	17	17	17	17	16	16	16	16
51.5	19	18	18	18	18	17	17	17	16	16
52.0	19	19	19	18	18	18	18	17	17	17
52.5	20	20	19	19	19	19	18	18	18	17
53.0	21	20	20	20	19	19	19	19	18	18
53.5	21	21	21	20	20	20	20	19	19	19
54.0	22	22	21	21	21	20	20	20	20	19
54.5	23	22	22	22	21	21	21	21	20	20
55.0	23	23	23	22	22	22	21	21	21	21
55.5	24	23	23	23	23	22	22	22	21	21
56.0	24	24	24	24	23	23	23	22	22	22
56.5	25	25	24	24	24	24	23	23	23	22
57.0	26	25	25	25	24	24	24	24	23	23
57.5	26	26	26	25	25	25	24	24	24	24
58.0	27	27	26	26	26	25	25	25	25	24
58.5	27	27	27	27	26	26	26	25	25	25

\* Circumference value = natural waist + hip - neck circumference (in inches)

MAR 23 1998

## PERCENT FAT ESTIMATION FOR WOMEN

Circumference Value*	Height (inches)									
	73.0	73.5	74.0	74.5	75.0	75.5	76.0	76.5	77.0	77.5
59.0	28	28	27	27	27	27	26	26	26	25
59.5	29	28	28	28	27	27	27	27	26	26
60.0	29	29	29	28	28	28	27	27	27	27
60.5	30	30	29	29	29	28	28	28	27	27
61.0	30	30	30	29	29	29	29	28	28	28
61.5	31	31	30	30	30	29	29	29	29	28
62.0	32	31	31	31	30	30	30	29	29	29
62.5	32	32	32	31	31	31	30	30	30	29
63.0	33	32	32	32	31	31	31	31	30	30
63.5	33	33	33	32	32	32	31	31	31	31
64.0	34	34	33	33	33	32	32	32	31	31
64.5	34	34	34	33	33	33	33	32	32	32
65.0	35	35	34	34	34	33	33	33	33	32
65.5	35	35	35	35	34	34	34	33	33	33
66.0	36	36	35	35	35	35	34	34	34	33
66.5	37	36	36	36	35	35	35	34	34	34
67.0	37	37	37	36	36	36	35	35	35	34
67.5	38	37	37	37	36	36	36	36	35	35
68.0	38	38	38	37	37	37	36	36	36	35
68.5	39	38	38	38	38	37	37	37	36	36
69.0	39	39	39	38	38	38	37	37	37	37
69.5	40	40	39	39	39	38	38	38	37	37
70.0	40	40	40	39	39	39	38	38	38	38
70.5	41	41	40	40	40	39	39	39	38	38
71.0	41	41	41	40	40	40	40	39	39	39
71.5	42	42	41	41	41	40	40	40	39	39
72.0	42	42	42	41	41	41	41	40	40	40
72.5	43	43	42	42	42	41	41	41	40	40
73.0	43	43	43	43	42	42	42	41	41	41
73.5	44	44	43	43	43	42	42	42	41	41
74.0	44	44	44	44	43	43	43	42	42	42

\* Circumference value = natural waist + hip - neck circumference (in inches)

MAR 23 1998

PHYSICAL CONDITIONING AND WEIGHT MANAGEMENT PROGRAMS

1. Required Physical Exercise. To increase the overall fitness of the Navy as well as the safety of the semi-annual PRT, CO's shall ensure that regular physical conditioning becomes part of the weekly routine for all active duty Navy members (including those 50 years of age and older). Exceptions include those who are excused by medical authority, or by the CO because military duties make participation impossible. However, medical officers shall recommend alternative exercise options to members when medically indicated. Likewise, members whose duties preclude three exercise sessions per week shall participate in as many sessions as possible. SELRES members must comply with the guidance promulgated by Commander, Naval Reserve Force.

a. Minimum physical training (PT) requirement is three sessions per week, each a minimum of 40 minutes in duration. Suggested initial maximum for required PT is four sessions per week, 60 minutes duration; members who exceed this may be at risk for injury.

(1) Each PT period shall include at least 20 minutes of continuous aerobic activity in the target heart rate zone. See enclosure (11) paragraph 2. Acceptable aerobic activities which accomplish this goal are described in enclosure (11) paragraph 1.

(2) Each PT period should include a 5- to 10-minute warm-up, 5-minute cool-down and flexibility conditioning.

(3) Muscular strength/endurance conditioning should be included as well, but should not become the sole focus of the required conditioning periods. Weight lifting is not considered an acceptable physical conditioning period, unless combined with aerobic activity (except for those who are medically waived from aerobic activity).

(4) Proper attire for PT should include appropriate footwear and clothing that is suitable for weather conditions. Vinyl/plastic/rubber (solar) suits to increase sweating, and running/jogging in combat, flight or similar boots may put the member at risk for injury and are not appropriate for general PT.

b. Administration of this requirement should be delegated to the lowest possible level, to allow integration into the work schedule with minimal disruption.

MAR 23 1998

c. CO's may use discretion in implementing this requirement, so the outcome ensures adequate access to exercise periods for all hands without negatively affecting the mission of the command. Individually paced programs or group activities at low intensity are equally suitable to meet this requirement. Exercise periods authorized at the beginning or end of duty hours or adjacent to meal times may allow members more flexibility in length and type of workout.

d. Team sports are useful for building camaraderie and esprit de corps, but should not be the sole focus of the routine exercise requirement.

e. Members participating in the CDPC program are meeting the routine exercise requirement. Specific requirements for CDPC programs are set forth in paragraphs 2b and 2c of this enclosure.

f. No specific documentation is required. Commands may require a log book, direct observation, or unit activities to ensure members are using duty time in a manner consistent with this requirement. Command PRT summary results are the best indicator of meeting this requirement.

g. CO's shall ensure that a safety plan (based upon the general guidelines of enclosure 3, paragraph 3) is in place for required PT sessions to ensure a timely and appropriate medical response in the event of a mishap. In addition, CO's shall encourage Sailors to routinely exercise in a group (or with at least one other person), to further ensure safety both on and off duty.

2. Command-Directed Physical Conditioning Program. Members who do not meet body composition standards or fail any event(s) of the PRT shall be enrolled in the CDPC program, if medically cleared. Participation shall continue until the next official PRT. All commands that have members failing Physical Readiness Program elements shall have a CDPC program. Conditioning programs that consist of mandatory exercise sessions shall observe prudent safety precautions, to include CPR-certified personnel, proper warm-up and cool-down, proper hydration and weather precautions, described in enclosure (3).

a. The purpose of the CDPC program is to introduce the individual to self-help strategies, and motivate the member to

MAR 23 1998

adopt new habits by requiring regular exercise. Self help resources are contained in enclosure (11).

b. Fitness test failure. As a minimum, CDPC programs for members who fail any portion(s) of the PRT (run/swim, curl-ups, push-ups, sit-reach) shall consist of:

(1) A program with specific emphasis on strengthening the areas where PRT events were failed, e.g., push-ups.

(2) A method of monitoring individual's participation (e.g., exercise log book, attendance record at aerobic exercise classes, muster logs, attendance at CDPC).

c. Body composition failure. Members who exceed height/weight and body fat limits must participate in the CDPC program after being medically cleared. Those who exceed weight limits but not body fat limits are not required to participate in CDPC programs. As a minimum, CDPC programs for members who fail height/weight and body fat measurements shall consist of:

(1) An exercise routine tailored for body fat loss. The most effective exercise regimen includes at least 4 days per week of low intensity, long duration aerobic exercise paired with strength training. Low intensity aerobic exercise is defined as exercise that does not leave the participant breathless, but is active enough to achieve target heart rate of 60 percent of maximum heart rate. Long duration is a minimum of 45 minutes of continuous activity. However, an acceptable alternative for those who do not have a single block of time which would allow 45 continuous minutes, is to accumulate 45 minutes of aerobic activity during the day, in two or three 15- to 25-minute periods. Any aerobic activity is appropriate, including brisk walking, stair climbing, rowing, swimming, bicycle riding, running, rope jumping and aerobic dance, to name a few. The medical department shall provide guidance on acceptable aerobic exercise for members who have been medically waived from specific types of activity such as running or stair climbing.

(2) A method of monitoring the individual's compliance with their exercise program. See paragraph 1b(2) above.

(3) A recommendation to eat caloric controlled, low fat, high fiber meals, with a nutrition education program using

OPNAVINST 6110.1E

MAR 23 1998

NAVPERS 15602A, Navy Nutrition and Weight Control Self-Study Guide. Guidance for using the self-study guide is as follows:

(a) Ensure each member who exceeds height/weight/body fat limits receives a copy of the self-study guide. See enclosure (11) for ordering information.

(b) The study guide contains nine chapters with study questions at the end of each chapter. The self-study guide format allows members to complete the manual at their own pace, however members shall be encouraged to complete one chapter per week. At a minimum, members should have the study guide completed prior to the next PRT cycle.

(c) The CFC should become familiar with the contents of the study guide and assist members with questions contained in the manual as needed. No formal meetings to review study questions or conduct weight control classes are required, however group or individual sessions may be conducted, if desired. The CFC should refer members to local weight management programs or support groups whenever practical. Many MTF's offer nutrition education as part of health promotion programs, and offer classes suitable for CDPC participants.

(d) At the beginning of the CDPC program when the study guide is first issued, the CFC shall complete NAVPERS 6110/3, Command-Directed Physical Conditioning Weight Control Summary, for each member using the self-study guide. A form is located at the beginning of each member's manual. For tracking purposes forward a copy of this form to BUPERS, Pers-601, 2 NAVY ANNEX, WASHINGTON DC 20370-6010, for all members who have been given the study guide.

(4) Personnel administering CDPC programs at the command, shall not encourage or advocate fasting, meal skipping, very low calorie diets, ketogenic (high protein) diets, or specific commercial weight loss programs.

3. Failure to Make Progress During CDPC. Members who actively participate in at least 75 percent of CDPC sessions for at least 6 months, but fail to progress in a closely monitored CDPC program, will be referred to an AMDR for evaluation and possible referral to a BUMED-approved weight management program or to treatment for a diagnosed general medical condition, i.e., cardiovascular condition, endocrine condition, etc. Commands



MAR 23 1998

desiring to send a member to a BUMED-approved weight-management program shall make every attempt to do so before the member has exceeded height/weight and body fat limits three times in a 4-year period.

4. Admission Criteria for BUMED-approved Weight Management Programs Include:

- a. No previous admission to BUMED-approved military weight management programs.
- b. Failure to maintain body composition standards.
- c. Physical examination and recommendation of an AMDR.
- d. No active duty history of eating disorders such as bulimia or anorexia, or other unresolved or existing general medical condition(s) which require close medical monitoring, i.e., endocrine condition, cardiovascular condition, etc.
- e. Documentation of 6 months of active, consistent participation in a CDPC program, with basic nutrition education.
- f. CO's recommendation (strong potential for success and continued naval service).
- g. One year of active duty remaining following completion of the BUMED-approved weight management program.
- h. Member must not have failed a third PRT cycle prior to initial screening. Member may attend BUMED-approved weight management training if screening process is complete, member meets all eligibility requirements, and has a "confirmed" class date prior to a third PRT cycle failure.

5. Refusal to Participate in BUMED-approved Weight Management Program. For any members who are offered, but refuse to participate in a BUMED-approved weight management program, to include members who prematurely terminate from a program, an entry shall be made in the member's service record indicating that weight management was offered and refused (or terminated prematurely).

6. Weight Management Follow-up. Upon completion of a BUMED-approved weight management program, the facility will provide

OPNAVINST 6110.1E

MAR 23 1996

both the member and the member's command with a copy of a discharge summary, which includes a plan for monitoring progress. If not provided, the CFC shall request a copy from the facility.

a. The CFC will monitor the member for 1 year following program completion. During the 1-year follow-up period the member shall meet with the CFC (or designated representative) and body composition shall be measured regularly; at a minimum, on a bi-monthly basis. If, after 3 months, little or no progress is made (see paragraph 7 this enclosure), the member should be referred to a medical treatment facility (MTF) for further evaluation and possible referral.

b. The member shall be assigned to the CDPC for the entire 1-year follow-up period, even if he or she returns to within physical readiness standards. Due to the importance of time in establishing lifestyle changes, members shall be afforded a complete year on weight management follow-up.

7. Administrative Actions. Upon completion of the formal portion of a BUMED-approved weight management program, members will not be subject to ADSEP for exceeding body composition limits or failing a PRT for a period of 1 year, as long as member complies with weight management follow-up guidelines. Member is not exempt from other administrative actions. If ineligible for certain administrative actions prior to the formal weight-management program, member remains ineligible after completing the formal portion of the program until eligibility criteria in enclosure (6) are met.

a. Clean slate from administrative separation. For members who successfully complete a BUMED-approved weight management program, PRT program (fitness or body composition) failures which occurred prior to treatment will not count toward ADSEP. However, prior failures will apply toward other administrative actions, such as denial of frocking, or delay of advancement or promotion. Program failures which occur DURING 1-year follow-up will be applied toward ADSEP; they are necessary to encourage members to be within height/weight/body fat limits as soon as possible (or at least 12 months) after the completion of their weight-management program.

b. Failure to participate. Members who successfully complete a BUMED-approved weight management program but fail to participate in the CDPC program, or fail to participate in

MAR 23 1998

measurements and meetings as required, are to be processed in accordance with MILPERSMAN 3420440 (of reference (e)).

c. Failure to meet body composition limits. Members who successfully complete a BUMED-approved weight management program shall have height/weight/body fat measured on the 1-year anniversary of course completion. Enlisted members who do not meet body composition standards 12 months after completing a BUMED-approved weight management program will be processed by their command for ADSEP. Officers who fail to meet body composition standards 12 months after completing a BUMED-approved weight management program shall be reported to BUPERS (Pers-834) for administrative processing.

d. Body composition measurements during weight management follow-up. Members are required to participate in semi-annual height/weight/body fat measurements during the 1-year follow-up period. Physical Readiness Program failures acquired during this time will count toward ADSEP and other administrative actions, as appropriate.

e. PRT during weight management follow-up. Members are required to participate in physical readiness tests during the 1-year follow-up period if medically cleared to do so. Failures of the PRT which occur during this period will count toward ADSEP, and other administrative actions apply, as appropriate.

8. Pregnancy During Weight Management Follow-up. Pregnancy which occurs during the 1-year weight management follow-up should not interrupt follow-up requirements.

a. Normal requirements of weight management follow-up, such as dietary discretion and physician-recommended low intensity aerobic exercise, are appropriate in normal, low-risk pregnancy. Pregnant members who refuse to participate in weight management follow-up requirements (when medically cleared to do so), will be processed for ADSEP, per paragraph 7b of this enclosure.

b. A member who becomes pregnant during weight management follow-up will be granted the 6-month post-partum recovery period that is extended to all pregnant members. The measurement that would normally occur at the end of the 1-year follow-up period will be deferred to 6 months after delivery. If not at or below body composition limits at this time, the member shall be processed for ADSEP as a weight-management program failure.

MAR 23 1968

ADMINISTRATIVE ACTIONS

1. Physical Readiness Program Failures carry administrative consequences. (See appendix A of this enclosure for summary table of administrative actions). A Physical Readiness Program failure is defined as follows:

a. Exceeding both height/weight and body fat limits on OFFICIAL MEASUREMENTS will be considered a Physical Readiness Program failure. OFFICIAL MEASUREMENTS are height/weight or circumference measurements taken no more than 10 days, and normally no less than 48 hours before the official, regularly scheduled semi-annual PRT.

(1) If members meet height/weight limits, body fat measurements are not necessary.

(2) Members who exceed the height/weight limit will be measured for body fat in accordance with guidance of enclosure (4). If within body fat limits (22 percent for men, 33 percent for women), the member is considered to be within standards. Percent body fat should be measured on the same day that height/weight is measured.

(3) Only body fat and height/weight measurements taken by CFC's (and designated assistant CFC's) for the official regularly scheduled semi-annual PRT (see enclosure (4)), and measurements taken at the completion of the weight management follow-up period may be applied toward administrative separation or denial of reenlistment.

(4) Special height/weight and body fat measurements taken (when directed by the CO) outside of the regularly scheduled semi-annual cycle, may be applied to all administrative actions except administrative separation and denial of reenlistment.

(5) A member who exceeds height/weight limits must also exceed the body fat limit to be considered a Physical Readiness Program failure for administrative purposes.

b. Failing any portion of the PRT (except sit-reach) is considered a Physical Readiness Program failure.

c. Failing the height/weight and body fat measurements and the PRT on the same official cycle will be counted as one Physical Readiness Program failure. Retests are not authorized.

ADP 20 800

d. Members who repeatedly fail to complete OPNAV 6110/2 (risk factor screening) or fail to keep medical appointments for physicals or screening, may be given a Physical Readiness Program failure if the commanding officer has reason to believe the member is attempting to delay or avoid taking the PRT.

e. Medical waivers from fitness testing, as described in enclosure (2), are not considered "failing to participate" and are not Physical Readiness Program failures.

2. Reporting PRT-related Injuries. When members are injured during the PRT, the command safety officer shall report such injury to the Naval Safety Center, using the guidance contained in chapter 14 of reference (g). Include as information addressees: Chief, Bureau of Medicine and Surgery (MED-02) and BUPERS (Pers-6).

3. Notify BUPERS/Naval Reserve Personnel Center (NRPC) of Members in the Categories Listed Below Who Have Physical Readiness Program Failures. Notification is required in writing (by message or letter) for officers and enlisted members as noted below. Provide name, rate/rank, social security number, nature of current program failure (PRT and/or body composition), and how many program failures the member has accumulated in the current 4-year period. Mark document, "For Official Use Only."

a. Active duty enlisted: notify the rating detailers of all members who have failed two PRT cycles in the current 4-year period.

b. Regular Navy officers, Naval Reserve officers on active duty and Training and Administration of Reserves (TAR) officers: notify Pers-834 (Officer Performance Division) after every PRT cycle failure. Send copies of letter(s) of notification (LON) and OPNAV 6110/2 to BUREAU OF NAVAL PERSONNEL, PERS-834, 2 NAVY ANNEX, WASHINGTON D.C. 20370-8200.

c. TAR enlisted: notify TAR enlisted detailer of all members who have failed two PRT cycles, at NAVAL RESERVE PERSONNEL CENTER, CODE 30, NEW ORLEANS LA 70146-5000.

d. SELRES enlisted: notify Pers-913 of all members who have failed two PRT cycles.

e. SELRES officers: notify Pers-834 after the second program failure in a 4-year period OR for any service member who exceeds body composition limits and has been selected for promotion. Include copies of LON(s) and OPNAV 6110/2.

MAR 23 1998

4. Command Summary Report. A copy of the NAVPERS 6110/1, Command Physical Readiness Test Summary shall be forwarded to BUPERS (Pers-601) 2 Navy Annex, Washington, DC 20370-6010 by 31 October of each year with the results of the second test cycle of the fiscal year which ended on 30 September. Results from the first test of the fiscal year are not reported. Commands with multiple unit identification codes (UIC) may consolidate all UIC's into one summary, but should attach a list of the UIC's which are included in the summary.

5. Tracking Physical Readiness Program Failures. The member's command is responsible for tracking program failures and initiating appropriate administrative action on all enlisted and officer members, including delaying advancement/promotion (paragraph 8). Upon permanent change of station (PCS), if a member's OPNAV 6110/2 folder is lost during transfer, NAVPERS 1070/613 entries in the field service record or documents from the headquarter's record may be used as back-up documentation of program failures for enlisted members, when information on the member's height, weight, percent body fat and PRT scores are included. For officers, copies of LON(s) forwarded to BUPERS (Pers-834) may be used as back-up documentation of program failures, when information on member's height, weight, percent body fat and PRT scores are included.

6. Page 13's and Letters of Notification as Official Notification of Failure. Official notification shall be made each time an enlisted member or officer receives a Physical Readiness Program failure to formally notify the member of the possible administrative consequences of program failures. (Members who exceed height/weight/body fat limits on measurements which do not accompany the official semi-annual PRT, do not receive official notification of failure, but should be advised of potential administrative consequences). When based upon failure of an official height/weight/body fat measurement or official PRT, official notification shall be one of the following, as appropriate:

a. For enlisted members, a Page 13 entry, similar to the example in enclosure (7), which describes the member's height, weight, percent body fat and PRT event scores. A copy shall be forwarded for inclusion in the member's field service record, and a copy shall be forwarded to BUPERS, Pers-312D1, for inclusion in the member's permanent personnel record.

b. For officers, an LON, similar to the example in enclosure (7), which describes the member's height, weight, percent body

MAR 23 1974

fat and PRT score. A copy shall be forwarded to BUPERS (Pers-834) with a copy of OPNAV 6110/2.

7. Enrollment in Command-Directed Physical Conditioning.

Members who acquire a Physical Readiness Program failure shall be enrolled in a CDPC program as described in enclosure (5).

a. Members shall remain in the CDPC program until they pass the next official PRT cycle. This can help avoid the problem of relapse, which would put the member at risk of accumulating back-to-back program failures.

b. Members who exceed height/weight/body fat limits on measurements taken outside of the official semi-annual PRT cycle (e.g., when reporting aboard), shall also be enrolled in the CDPC program. See paragraph 7a of this enclosure.

c. If member is at risk of exceeding body composition limits on an upcoming official measurement, the commanding officer may direct the member be enrolled in the CDPC program prior to official measurements, in order to provide the member every opportunity to meet standards when the official measurement is conducted.

8. Delay of Promotion; Withholding Advancement, Frocking, and Redesignation

a. Body composition. Members who exceed height/weight and body fat limits shall have promotion delayed, or frocking, advancement, and redesignation withheld until they are within height/weight/body fat limits. Reference (j) contains requirements for defrocking and withholding/withdrawing advancements for enlisted members. Officer promotions will be delayed or removed by the Secretary of the Navy (SECNAV), per the following instructions: for active duty ensign to lieutenant junior grade see SECNAVINST 1412.6J, for active duty lieutenant to captain see SECNAVINST 1420.1A, and for reserve officers see Section 14311 of Title 10, United States Code.

(1) Special measurements may be administered in addition to the measurements that accompany the official PRT, to approve or delay frocking, promotion, advancement, and redesignation. See enclosure (9) when medical conditions prevent participation in CDPC. If enlisted members are not within standards prior to the limiting date for the advancement cycle, the command shall invalidate the Navy wide examination from which the member was selected.

MAR 23 1998

(2) In unusual cases where members exceed body composition limits due to medical circumstance, members may be granted a waiver from this administrative action. See paragraph 16 for guidance.

b. PRT. Members who failed the most recent official PRT shall have their promotion delayed, or frocking, advancement, or redesignation withheld until they pass an official PRT, or pass a special PRT as part of the CDPC program (see paragraph 8b(1) of this enclosure). Members are required to remain in the CDPC program until they pass an official PRT cycle.

(1) Special PRT's. CO's may authorize special PRT's in addition to the official PRT, to approve or delay/withhold frocking, promotion, advancement, or redesignation. Participation in special PRT's is restricted to members who are actively participating in the CDPC program and have demonstrated to the CFC that they can easily meet fitness standards. All events of the PRT must be taken, in the proper sequence (see enclosure (3) for guidance on safety practices). If enlisted members have not met fitness standards prior to the limiting date for the advancement cycle, commands shall invalidate the Navy wide exam from which selected (see enclosure (9) when medical conditions prevent participation in CDPC). Officer promotions shall be delayed or removed by SECNAV.

(2) For safety reasons, members who have not been active in a CDPC program shall not be allowed to re-take the PRT on an individual basis for the sole purpose of enhancing their EVAL/FITREP or promotion/advancement status.

c. For additional guidance on service members who have been selected for advancement/promotion, but whose advancement must be withheld or withdrawn due to failure to meet Physical Readiness Program standards, contact BUPERS Pers-852, Enlisted Advancement Branch. For guidance concerning officers, contact Pers-834, Officer Performance Branch.

d. Members on limited duty (LIMDU) who were eligible for frocking, advancement, promotion or redesignation prior to the diagnosis of the medical condition, remain eligible for these administrative actions during the LIMDU period. Members on LIMDU who were not eligible prior to medical diagnosis, continue to be ineligible until they meet body composition/fitness standards.

e. Pregnant members who were eligible for frocking, advancement/promotion or redesignation prior to the diagnosis of pregnancy, shall be considered eligible for these administrative



MAR 78 1988

actions during pregnancy and the 6-month post-delivery period. Pregnant members who were not eligible prior to diagnosis, continue to be ineligible until they meet standards.

9. PCS Transfer. Members who exceed height/weight/body fat limits or have failed the PRT may PCS transfer, except for the following:

a. Designated/special duty. PCS transfer to some designated duties (instructor, recruiter, etc.) will continue to be restricted to members who are within height/weight/body fat limits at time of transfer. Members in this category must report to the new duty station within standards. See also paragraph 10 of this enclosure.

b. Recent program failures. CO's should deny PCS transfer to members who have two Physical Readiness Program failures, and appear likely to acquire a third failure within 1 year after transfer (which would result in processing for administrative separation). Ultimately, the decision for PCS transfer of members who have accumulated two failures will be up to the receiving CO and the members' detailee (based upon information provided from the detaching CO).

c. Overseas. CO's shall not favorably screen for overseas duty any member who is at risk of acquiring a third Physical Readiness Program failure during the first year of the overseas tour.

d. Officers. At the time of PCS transfer of any officer who exceeds both height/weight and body fat limits, send a copy of OPNAV 6110/2 to BUPERS (Pers-834).

10. Schools and Select Communities. Certain communities, such as aviation, SEALs, instructor schools and recruiting, may require members to remain within height/weight/body fat standards to retain standing in that community. Select schools may require members to report within height/weight/body fat standards in order to be accepted for training, or require members to be within standards to graduate. Detaching commands may be requested to verify that the member was within standards upon detachment; however, members are ultimately responsible to ensure they meet standards upon reporting.

MAR 23 1958

# 11. Physical Readiness Program Entries on Evaluations and Fitness Reports

a. The Physical Readiness Program (one PRT cycle) has two components: PRT (fitness) performance and height/weight/body fat measurement. Annotating NAVPERS 1616/26, Evaluation Report and Counseling Record (E1-E6) and NAVPERS 1610/2, Fitness Report and Counseling Record (E7-O6) shall be consistent with the following guidance:

b. Report results from the most recent official PRT cycle, or from the most recent special PRT or body composition measurement, in block 20 of EVALS and FITREPS (or block 73 of NAVPERS 1611/1). Codes for use in block 20 (or 73) will use three letters with a slant (/) between the first and second letter. In all cases, the single letter to the left of the slant shall only indicate performance on the PRT, and will not be used to convey any information regarding height/weight or body fat measurement. The two letters to the right of the slant will be used to convey only information related to height/weight and body fat measurements.

(1) For PRT (fitness test) results, only the letters P (pass), F (fail), M (medically waived), E (exempt, e.g., 50 or older), and N (not tested) may be used. Use of codes F and N require comments in the narrative section (e.g., block 20: N=Not tested due to recent transfer to this command (or operational commitments), or block 20: F=Failed autumn PRT).

(2) For height/weight and body fat standards, only the combinations WS (within standards), NS (not within standards), MW (medically waived from measurement), and XX (not weighed or measured) are to be used.

(a) Exceeding height/weight limits but not percent body fat is considered within standards (WS).

(b) Exceeding height/weight and percent body fat limits is considered not within standards (NS). Use of codes NS and XX require comments in the narrative section (e.g., block 20: NS on spring PRT).

(c) Use of code MW is reserved for pregnancy or unusual cases where a member's weight or circumference is distorted by a temporary medical condition. Members may be given a local medical waiver from measurements, normally for only one cycle with appropriate medical documentation. See paragraphs 16 for details on one-time-only medical waivers from measurement.

NAVPERS 1610/2

(d) Code XX. All personnel, except those who are pregnant, are expected to be measured or weighed. Use of code XX should be reserved for rare cases where it is not possible to weigh or measure an individual. Justification must be provided in the narrative section (e.g., block 20: XX=Not measured due to extended emergency leave).

c. Special measurements or PRT's may be taken for EVAL and FITREP purposes. See paragraphs 8a(1), and 8b(1) and (2) of this enclosure for details and restrictions.

(1) All official Physical Readiness Program failures shall be documented in the narrative section of EVALS and FITREPS.

(2) If a member failed the most recent official PRT cycle, but passed a special PRT or was within standards for a special measurement prior to the EVAL or FITREP, a "P" or "WS," as appropriate, may be put into block 20. A comment that includes reporting the failure, shall be put in the narrative section, such as: "Member failed the official spring PRT due to exceeding body composition limits, but made excellent progress and is currently within standards."

d. Periodic Evaluations and Fitness Reports. When block 10 is used (for annual or semi-annual reports), the following conditions apply. Members who have failed one or both of the official PRT cycles during the reporting period have demonstrated substandard performance and may not receive a grade of 3.0 (or above) in "Military Bearing" (block 36 on NAVPERS 1616/26 (E1-E6), or block 35 for NAVPERS 1610/1 (E7-O6)).

(1) During the reporting period, members who have acquired one official Physical Readiness Program failure shall receive a maximum grade of 2.0 in "Military Bearing," and may be marked "promotable" in block 45 on NAVPERS 1616/26 or block 42 on NAVPERS 1610/2.

(2) During the reporting period, members who have failed two official Physical Readiness Program cycles or have not demonstrated significant progress in CDPC shall receive a maximum grade of 1.0 in "Military Bearing," and marked "significant problems" in blocks 45 or 42 (of NAVPERS 1616/26 and NAVPERS 1610/2 respectively).

(3) Members who have acquired three official PRT failures in the current 4-year period shall receive a maximum grade of 1.0

MAY 28 1998

in "Military Bearing," and marked "not recommended" in block 47 of NAVPERS 1616/26.

(4) The reporting senior shall consider trends in Physical Readiness Program performance during the entire 4-year period for the decision on promotability (block 45 on NAVPERS 1616/26 or block 42 on NAVPERS 1610/2). For example: when considering two service members with the same record of two failures in 4 years, the member with improving physical readiness performance may be marked "progressing" while declining performance might rate a mark of "significant problems."

(5) The performance trait grade for members who are medically waived shall reflect their PRT/body composition status prior to the medical waiver.

e. Other Evaluations and Fitness Reports. When block 11, 12 or 13 is used, the most recent Physical Readiness Program performance (most recent official test scores, special PRT, or special measurement) shall be documented in block 20. For blocks regarding military bearing, promotability and retention, reporting seniors should consider information on physical readiness up to the past four years.

f. See appendix B for summary and examples of codes to use on FITREPS and EVALS.

12. Denying In-rate Conversion. Members who failed the most recent official PRT and exceed height/weight/body fat limits are normally not eligible for in-rate conversion (except for involuntary in-rate conversion).

13. Processing for Administrative Separation

a. Three Physical Readiness Program failures in a 4-year period require processing the member for administrative separation or denial of reenlistment in accordance with references (e) and (f). Processing shall begin after the third program failure has accumulated, which could be within 12 months of the first program failure.

b. Graduates of BUMED-approved weight management programs. Members who attend a BUMED-approved weight management program and fail to measure within body composition standards at the completion of the 1-year follow-up, shall be processed for administrative separation. Refer to enclosure (5) for weight management program description.

MAR 23 1998

c. Obligated service. Nothing in this instruction requires separation of a member during a period of obligated service when the Chief of Naval Personnel determines that retention is in the best interest of the Navy.

14. Denying reenlistment. Members who have accumulated three Physical Readiness Program failures in the past 4 years shall be denied reenlistment.

a. One exception is for members with 18 or more years of service. According to Section 14311 of Title 10, United States Code, members with 18 or more years of service cannot be denied reenlistment. This does not, however, protect them from administrative separation proceedings.

b. Pregnant members who did not meet reenlistment criteria prior to diagnosis of pregnancy are not eligible to reenlist during the pregnancy.

15. Medical and Unique Body Structure Waivers

a. Short-term/time-limited medical waivers from height, weight, and body fat measurements. Members with well-documented acute medical conditions may be given a short-term waiver from administrative actions resulting from exceeding height/weight and body fat limits. This waiver, granted locally by an AMDR, will usually cover a single PRT cycle. Weights and measurements shall normally still be taken and recorded on the OPNAV 6110/2, but may be recorded as MW on FITREPS or EVALS (see paragraph 11). The intent is to ensure members are treated fairly, but not excused from their responsibility to maintain body composition standards, by regular exercise and prudent diet. Criteria include documentation of a medical condition such as described below:

(1) Member is recuperating from a medical or surgical condition that interferes with an accurate measurement.

(2) Member is presently, or for the past several months has been completely restricted from, or is too debilitated to participate in, any regular aerobic physical activity, and cannot be counteracted by a prudent or restricted diet.

(3) Member is recuperating from a medical or surgical condition which causes severe fluid or fat accumulation that is so severe it cannot be counteracted with a combination of prudent diet and well-documented aerobic exercise three times a week.

MAR 23 1998

(4) Member is currently, or has for the past several months, been taking medication which results in fluid or fat accumulation which is so severe it cannot be counteracted with a combination of prudent diet and well-documented aerobic exercise three times a week.

(5) Member is required to wear postoperative back brace, body cast, or other orthopedic device which interferes with measurements.

b. Unique body structure waiver. Unique body structure may cause a member to measure outside height/weight and body fat limits despite a healthy prudent diet and regular, vigorous exercise. Such members display obviously superior fitness levels, due to regular active participation in a well-structured physical exercise program, yet still exceed body composition limits. In such cases, members may qualify for a BUPERS long-term waiver for unique body structure. Individually prescribed body composition standards will be determined by BUPERS for these service members.

(1) Commands should use discretion in recommending members for this waiver; criteria shall include a demonstrated commitment to healthy lifestyle habits and a medical opinion that current body fat levels are not perceived to compromise the health of the service member.

(2) Waiver requests may be submitted to BUPERS (Pers-601) after one body composition failure, provided the member has at least 6 months of well-documented active participation in a structured CDPC program.

(3) Waiver applicants demonstrate a superior level of fitness as evidenced by a consistent record of "excellent" or "outstanding" scores on the PRT.

(4) Provide the following information in the waiver request package:

(a) Copy of the last two EVALS or FITREPS.

(b) A legible copy of the member's OPNAV 6110/2 (pink folder) showing official PRT and body fat test results for the last 3 years.

(c) Two full length photographs (front and side views), against a contrasting background, taken within 30 days of submission of the waiver request. Uniform for E-6 and below is

MAR 23 1998

summer white or winter working blue. Uniform for E-7 and above is summer khaki.

(d) Details of personal weight control plan developed in consultation with dietitian or other member of the medical department.

(e) Description of CDPC program and documentation of member's participation.

(f) AMDR evaluation of member, to include overall level of health (include cardiovascular risk factors), fitness, and realistic body weight and body fat.

(g) Applicant's Active Duty Service Date (ADSD) or total years of service.

(h) Length of time remaining on current enlistment, at the time of waiver request submission.

(i) Endorsement from commanding officer.

(j) Name, telephone number, fax number, and E-mail address (if applicable) for a command point of contact.

(5) Members will not be permitted to appear in person or to call the BUPERS (Pers-601) waiver panel. All relevant issues should be addressed in writing and submitted with the waiver request package. Do not fax packages to BUPERS.

(6) The conditions of the waiver will be determined on a case-by-case basis and will be forwarded through the member's chain of command via letter. Failure to comply with provisions of the waiver will result in nullification of the waiver without the opportunity to apply for another waiver.

(7) Be certain that all waiver request packages are complete when submitted to Pers-601. Incomplete waiver packages will be returned without action to the command. When packages are returned, it causes a significant delay in the waiver determination process.

MAR 23 1998

SUMMARY OF ADMINISTRATIVE ACTIONS

The following table summarizes the administrative actions for members who acquire PHYSICAL READINESS PROGRAM FAILURES. Refer to text of enclosure (6) for definition of Physical Readiness Program failure and details on actions.

	PROGRAM FAILURES		
	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Mandatory CDPC program	yes	yes	yes
Page 13 entry/letter of notification	yes	yes	yes
Narrative FITREP/EVAL entry	yes	yes	yes
Eligible for frocking	no	no	no
Eligible for advancement/promotion	no	no	no
Info BUPERS, Pers-834 (Officers)	yes	yes	yes
Info BUPERS (Enlisted member's rating detailer)	no	yes	yes
Eligible for PCS transfer	yes	no	no
Process for admin. separation	no	no	yes
Deny re-enlistment	no	no	yes
Deny special schools	If currently out of fitness and/or body fat standards for the school		



MAR 23 1998

<u>PRT CATEGORY</u>	<u>MEASUREMENT CATEGORY</u>	<u>CODE</u>
Passed the most recent PRT	Within height/weight limits <u>or</u> within body fat limits (33% women; 22% men)	P/WS
	Exceed height/weight <u>and</u> body fat limits	P/NS
Failed the most recent PRT, or failed to participate in PRT when required	Within height/weight limits <u>or</u> within body fat limits (33% women; 22% men)	F/WS
	Exceed height/weight <u>and</u> body fat limits	F/NS
Exempt from PRT (age 50 or older)	Over 49 years and within height/weight limits <u>or</u> within body fat limits (33% women; 22% men)	E/WS
	Over 49 and exceeds height/weight or body fat limits	E/NS
	Over 49 and failed to participate in height/weight and body fat measurements when required	E/NS
	Over 49 and height/weight and body fat could not be measured (TAD, convalescent leave)	E/XX
Medically waived from entire PRT	Within height/weight limits <u>or</u> within body fat limits (33% women; 22% men)	M/WS
	Exceed height/weight <u>and</u> body fat limits	M/NS
	Failed to participate in height/weight and body fat measurements when required	M/NS
	Unable to measure due to medical condition (includes pregnancy)	M/MW
Pending medical clearance/risk factor screening; or report covers less than 90 days and prior test score is not available; or on active duty less than 20 weeks and PRT not administered; or reported onboard less than 10-12 weeks prior to PRT	Within height/weight limits <u>or</u> within body fat limits (33% women; 22% men)	N/WS
	Exceed height/weight or body fat limits	N/NS
	Failed to participate in height/weight and body fat measurements when required	N/NS
	Height/weight and body fat could not be measured	N/XX

MAR 23 1998

**SAMPLE PAGE 13**

(for 1st and 2nd time failures)

I, \_\_\_\_\_, USN(R) have been advised that I have accumulated my \_\_\_\_\_ (1st) (2nd) Physical Readiness Test (PRT) failure in a 4-year period due to:

— Exceeding height/weight and body fat limits. The date of my official body composition measurements was \_\_\_\_\_. At that time my percent body fat was measured at \_\_\_\_; my weight was measured at \_\_\_\_; my height was \_\_\_\_; my circumference measurements (neck/abdomen/waist/hips) were \_\_\_\_\_.

— Failure of the PRT, due to failure of the \_\_\_\_\_ (run, swim, push-ups, curl-ups). The date of my official PRT was \_\_\_\_\_. My raw PRT scores were as follows:  
Run (swim) \_\_\_\_\_, Push-ups \_\_\_\_\_, Curl-ups \_\_\_\_\_.

I understand that I am enrolled in the command-directed physical conditioning program as of the date of this page 13. I am required to participate until I pass an official PRT.

I am aware of the administrative actions for exceeding body fat limits or failing the PRT, which include, but are not limited to:

- I am not eligible for frocking, advancement or redesignation until I measure within my height/weight/body fat limits or pass an official PRT, as appropriate.
- I may be denied PCS transfer or overseas transfer if I am in danger of failing a third PRT cycle within 1 year of the transfer (height/weight/body fat or PRT).
- transfer to special duty or school will be denied if I do not meet the PRT program standards for that duty or school.
- I will not be eligible to reenlist or extend if I have three official PRT failures over a 4-year period.
- I will be processed for administrative separation from the Navy if I fail three official PRT's over a 4-year period.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Witness\_\_\_\_\_  
Printed name\_\_\_\_\_  
Date

MAR 23 1998

**SAMPLE PAGE 13**  
(for 3rd time failures)

I, \_\_\_\_\_, USN(R) have been advised that I have accumulated my third Physical Readiness Test (PRT) failure in a 4-year period, due to:

— Exceeding height/weight and body fat limits. The date of my official body composition measurements was \_\_\_\_\_. At that time, my percent body fat was measured at \_\_\_\_\_; my weight was measured at \_\_\_\_\_; my height was measured at \_\_\_\_\_; my circumference measurements (neck/abdomen/waist/hips) were \_\_\_\_\_.

— Failure of the PRT, due to failure of the \_\_\_\_\_ (run, swim, push-ups, curl-ups). The date of my official PRT was \_\_\_\_\_. My raw PRT scores were as follows:  
Run (swim) \_\_\_\_\_, Push-ups \_\_\_\_\_, Curl-ups \_\_\_\_\_.

I have exceeded height/weight and body fat limits or failed the PRT for the third time in a 4-year period. I am aware of the administrative actions which include, but are not limited to, the following:

- I am not eligible to reenlist or extend my enlistment in the Navy.
- I will be processed for administrative separation from the Navy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

MAR 23 1998

SAMPLE LETTER OF NOTIFICATION

From: Commanding Officer, COMMAND  
 To: NAME, (CORPS), USN, SSN/DESIG  
 Subj: LETTER OF NOTIFICATION  
 Ref: (a) MILPERSMAN  
 (b) OPNAVINST 6110.1E

1. Per reference (a), you are advised that you failed to meet physical readiness standards of reference (b). Your height, weight and body fat measurements taken on \_\_\_\_\_ (date) were \_\_\_\_\_, and the raw scores of your PRT taken on \_\_\_\_\_ (date) were \_\_\_\_\_. This is your \_\_\_\_\_ (1st/2nd) failure in a 4-year period. Effective this date, you are enrolled in the command-directed physical conditioning program. You are required to participate until you pass an official PRT.

2. Possible administrative actions for exceeding the height/weight/body fat limits or failing the PRT, include:

- a. Ineligible for promotion or redesignation.
- b. Not recommended for promotion.
- c. PCS transfer or overseas transfer may be denied if you are in danger of failing a third PRT within 1 year of transfer.
- d. May be processed for administrative separation.

COMMANDING OFFICER

-----  
 From: NAME, (CORPS), USN, SSN/DESIG  
 To: Commanding Officer

Subj: LETTER OF NOTIFICATION

1. I acknowledge receipt of the above letter and understand its contents.

\_\_\_\_\_  
 Member's Signature

\_\_\_\_\_  
 Date

Copy to:  
 CO, BUPERS, Pers-834

OPNAVINST 6110.1E  
MAR 23 1998

Risk Factor Screening / Physical Readiness Test Results												Page 1			
Name (Last, First, M.I.)				Rate/Rank		Dept		Division		Social security No.		Date of Birth		Sex	
<b>SECTION A. - Current Physical Examination</b> (To be completed by an authorized medical department representative (AMDR) at the time of each periodic physical examination)															
Date of Examination (dd/mm/yy)															
Date of Next Required Examination (dd/mm/yy)															
Did member test positive for Sickle Cell Trait?				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
AMDR's name and signature or, name and signature of person verifying physical examination (include date of verification, form number)															
Scheduled date of upcoming Physical Readiness Test (To be completed by CFC)				Date:		Date:		Date:		Date:		Date:		Date:	
<b>SECTION B. Risk Factor Questionnaire</b> (To be completed by member)															
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Are you now 50 or older <u>and</u> not accustomed to the level of exercise involved in the PRT?															
2. Do you have a history of heart disease or high blood pressure which requires you to restrict physical activity or seek medical treatment?															
3. Do you experience discomfort in your chest, arms or neck while exercising?															
4. Are you prone to heat exhaustion / heat stroke, feeling faint, or feeling you are about to lose consciousness?															
5. Has there been a change in your medical condition which you think might limit your participation in the PRT (or a physical conditioning program)?															
6. Has any member of your immediate family (mother, father, sister or brother) had a heart attack or died of heart disease prior to age 45?															
7. Have you experienced a significant weight change?															
8. Do you smoke more than 1 pack of cigarettes daily?															
Date Section B completed (dd/mm/yy)															
Member's Signature															
<b>SECTION C. Body Composition Screen</b> (To be completed by CFC)															
Date Section C completed (dd/mm/yy)															
1. Height (without shoes in inches to nearest 1/2 inch):															
2. Weight (in shorts/PT gear and without shoes in pounds):															
3. Neck (rounded <u>up</u> to nearest 1/2 inch):															
4. Abdomen (males only) (rounded <u>down</u> to nearest 1/2 inch):															
5. Natural Waist (females only) (rounded <u>down</u> to nearest 1/2 inch):															
6. Hip (females only) (rounded <u>down</u> to nearest 1/2 inch):															
7. Body Fat Percentage															

Enclosure (7)

Name (Last, First, MI)		Rate/Rank		Page 2											
<b>SECTION D. Medical Referral</b> (To be completed by CFC)															
Date of Referral (dd/mm/yy)															
Refer member to medical for any of the following:															
1. At the time of the last periodic physical examination (Section A) the member was not cleared to participate in the PRT (or command-directed physical conditioning).															
2. Periodic physical examination is not current.															
3. Member answered "yes" to any question 1-8 of Section B.															
4. Male member is > 22%, or female member is > 33% body fat.															
5. Member was medically waived from (a portion of) the last PRT.															
<b>SECTION E. Medical Evaluation</b> (To be completed by Medical Officer, Nurse Practitioner or Physician Assistant)															
1. Courtesy body fat measurements (by CFC, when necessary).															
%															
2. Based on medical evaluation, answer the following questions regarding <b>body fat</b> :															
a. Member is pregnant (or is within 6-month post-delivery period), and is waived from body composition measurements, and PRT participation.															
b. Member has a well-documented medical condition that directly affects measurements or causes weight increase (that cannot be counteracted by a prudent / restricted diet), and is medically waived from body composition measurements.															
3. Medical Recommendation:															
a. Cleared for participation in command-directed physical conditioning program.															
b. Referred for appropriate medical consultation or rehabilitation (e.g., psychology, nutrition, internal medicine, physical therapy, patient education).															
c. Provided return appointment to this medical facility.															
d. Recommended for BUMED-approved weight management program (beyond the command-directed physical conditioning program).															
4. Medical Waivers. Based on medical examination, member is authorized to participate in this PRT and the Command-Directed Physical Conditioning program as follows (include separately, a list of exercises the member can safely participate in, not merely the ones that are restricted):															
a. PRT Sit - reach															
b. PRT Curl - ups															
c. PRT Push - ups															
d. PRT Run / Walk															
e. PRT Swim															
f. Command-Directed Physical Conditioning program															
Date of Examination (dd/mm/yy):															
AMDR's Signature															

OPNAVINST 6110/2 (Rev 1-98)

OPNAVINST 6110.1E  
MAR 23 1998

5

Enclosure (7)

OPNAVINST 6110.1E  
MAP 23 1990

Page 3

Name (Last, First, MI)		Rate/Rank							
<b>SECTION F. Physical Readiness Results (To be completed by CFC)</b>									
PRT No.:		PRT No.:		PRT No.:		PRT No.:		PRT No.:	
Name of Command / UIC		/		/		/		/	
Date of Test (dd/mm/yy)		DATE		AGE ON DATE OF TEST		DATE		AGE ON DATE OF TEST	
Items		Raw Score		Points		Category		Raw Score	
1. Sit-reach									
2. Curl-ups									
3. Push-ups									
4. 1.5 mile run/walk, or									
5. 500-yard swim									
6. Overall classification									
Member's Signature:									
CFC's Signature:									
PRT No.:		PRT No.:		PRT No.:		PRT No.:		PRT No.:	
Name of Command / UIC		/		/		/		/	
Date of Test (dd/mm/yy)		DATE		AGE ON DATE OF TEST		DATE		AGE ON DATE OF TEST	
Items		Raw Score		Points		Category		Raw Score	
1. Sit-reach									
2. Curl-ups									
3. Push-ups									
4. 1.5 mile run/walk, or									
5. 500-yard swim									
6. Overall classification									
Member's Signature:									
CFC's Signature:									

Enclosure (7)

6

Name (Last, First, MI)				Rate/Rank		Page 4			
SECTION G - Command Directed Physical Conditioning Program (To be completed by CFC)									
Items	Raw Score	Points	Category	Raw Score	Points	Category	Raw Score	Points	Category
1. % Body Fat									
2. Sit-reach									
3. Curl-ups									
4. Push-ups									
5. 1.5 mile run/walk or									
6. 500 yard swim									
7. Overall classification									
Date of Assessment (dd/mm/yy)	DATE	AGE ON DATE OF ASSESSMENT		DATE	AGE ON DATE OF ASSESSMENT		DATE	AGE ON DATE OF ASSESSMENT	
Items	Raw Score	Points	Category	Raw Score	Points	Category	Raw Score	Points	Category
1. % Body Fat									
2. Sit-reach									
3. Curl-ups									
4. Push-ups									
5. 1.5 mile run/walk or									
6. 500 yard swim									
7. Overall classification									
Date of Assessment (dd/mm/yy)	DATE	AGE ON DATE OF ASSESSMENT		DATE	AGE ON DATE OF ASSESSMENT		DATE	AGE ON DATE OF ASSESSMENT	
	Date (dd/mm/yy)	Date (dd/mm/yy)	Date (dd/mm/yy)	Date (dd/mm/yy)	Date (dd/mm/yy)	Date (dd/mm/yy)	Date (dd/mm/yy)	Date (dd/mm/yy)	Date (dd/mm/yy)
1. Page 13 entry									
2. Message sent to BUPERS									
3. Started Program									
4. Completed Program									

**PRIVACY ACT STATEMENT**

**AUTHORITY:**

TITLE 5, U.S. CODE, 301, OPNAVINST 6110.1E

**PRINCIPAL PURPOSE:**

TO PROVIDE THE COMMAND FITNESS COORDINATOR WITH THE NECESSARY INFORMATION TO SCREEN FOR POTENTIAL HEALTH RISKS PRIOR TO PHYSICAL READINESS TESTING AND TO RECORD TEST RESULTS

**ROUTINE USE:**

FOR OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF THE NAVY IN PERFORMING THEIR OFFICIAL DUTIES OF ADMINISTERING THE HEALTH AND PHYSICAL READINESS PROGRAM

**MANDATORY DISCLOSURE AND CONSEQUENCES OF REFUSAL TO DISCLOSE:**

DISCLOSURE IS NECESSARY TO FULLY EVALUATE MEMBER'S READINESS TO PARTICIPATE IN MANDATORY PHYSICAL READINESS TESTING. FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY PRECLUDE PARTICIPATION IN PHYSICAL READINESS TESTING AND MAY WARRANT FURTHER MEDICAL EVALUATION OR ADMINISTRATIVE ACTION

OPNAVINST 6110.1E  
MAR 23 1998



OPNAVINST 6110.1E

MAP 28 FILE

COMMAND PHYSICAL READINESS TEST SUMMARY				
Command (Name and Address)	UIC	TYPECOM	Fiscal Year	Date of official PRT
Point of Contact	Phone No. ( Include DSN)		Date of Previous official PRT	
Answer 1-9 for the most recent official PRT		OFFICER	ENLISTED	TOTAL
1. Number of personnel assigned to command.				
2. Number of personnel taking physical readiness test.				
3. Number of personnel not tested due to:				
a. Medical Waiver				
b. Over Age 50				
c. Other: (TAD, etc)				
4. Enter sum of Section 2 and 3 (must equal Section 1)				
5. Number of personnel passing the Physical Readiness Test.				
6. Number of personnel failing to meet standards for:				
a. Sit-Reach				
b. Sit-ups				
c. Push-ups				
d. 1.5 Mile Run or 500 yard swim				
7. Number of personnel exceeding body fat and height and weight tables				
8. Due to failure to meet PRT standards, how many personnel were not recommended for: (Between the period 01 October thru 30 September)				
a. Frocking				
b. Promotion/Advancement				
c. Reenlistment/Redesignation				
9. Due to being out of body fat standard, how many personnel were not recommended for: (Between the period 01 October thru 30 September)				
a. Frocking				
b. Promotion/ Advancement				
c. Reenlistment/Redesignation				
COMMANDING OFFICER'S NAME	COMMANDING OFFICER'S SIGNATURE		DATE.	

NAVPERS 6110/1 (4-94)

MAR 23 1998

SPECIAL CIRCUMSTANCES

1. Notice of Testing. A physical readiness test (fitness portion) may not be given for official, administrative purposes unless the member has been given at least 10 weeks notice. Measurement of height/weight and body fat for official PRT's does not require this notification. The requirement for participating in the Physical Readiness Program for members who are serving under special circumstances are contained in this section.

2. Temporary Additional Duty

a. The testing of members on temporary additional duty (TAD) must be in compliance with the same administrative standards of all PRT's, to include, member has not taken an official PRT within the previous 4 months, has been given 10 weeks notice in advance of the test, and is fully qualified to take the test in accordance with enclosure (2). Notice may be given at the parent command prior to the beginning of TAD. Members may participate in the PRT of the TAD command, or the PRT of the parent command taken at the TAD command.

b. Members who are assigned to a CDPC program at the parent command must participate in the CDPC program at the TAD command if TAD is longer than 2 weeks.

3. Service Schools and Accession Pipelines. Administrative separation procedures shall only be initiated on students who have three Physical Readiness Program failures in a 4-year period as described in enclosure (6).

a. Conducting PRT's at service schools of less than 10 weeks duration

(1) Official PRT's (for administrative actions) may not be conducted unless members have been given 10- to 12-weeks notice.

(2) School may conduct a PRT under the following circumstances, if meeting minimum fitness standards is a graduation requirement:

(a) Height/weight/body fat assessment and risk factor screening must be performed in the first week of the

MAR 23 1998

school. Members who exceed height/weight/body fat limits, or who answer "yes" to a risk factor question, must be cleared by the medical department before being allowed to take the test or participate in a conditioning program.

(b) The school must have a moderately paced, mandatory fitness training program for all students, to ensure that all students develop (or maintain) a level of fitness during the school which will allow safe participation in the test.

b. Conducting PRT's at schools of more than 10 weeks duration

(1) Tests for official, administrative purposes may be conducted in accordance with this instruction.

(2) Ensure results are forwarded to member's next command to avoid member taking more than two official PRT's per fiscal year.

4. DUINS. Members who are in a duty under instruction (DUINS) status are subject to the provisions of this instruction. PRT's are to be conducted by the member's reporting unit.

5. Isolated Duty Stations

a. Members serving at isolated duty stations must comply with the requirements of this instruction to the degree it is feasible, as determined by the CO.

b. Height/weight/body fat assessment shall be performed in accordance with enclosure (4).

c. PRT may be suspended based upon discretion of CO.

6. Service at a Multi-service Command, With Another Service or at a Unified Joint Command

a. Members of the Navy who are assigned to a multi-service command or who are assigned to a Unified Joint Command must comply with the provisions of this instruction.

b. Members of the Navy who are serving with the U.S. Marine Corps (USMC):

MAR 23 1998

(1) Must participate in height/weight/body fat assessment in accordance with this instruction.

(2) Who choose to take the USMC physical fitness test and pass, have met the PRT requirements of this instruction.

(3) Who choose to take the USMC physical fitness test (PFT) and fail, may re-tested on the Navy PRT. If they fail any portion of the PRT, they acquire a PRT FAILURE in accordance with enclosure (3). Members who fail the USMC PFT (but pass the Navy PRT) shall not be subject to administrative actions of enclosure (6), but may be denied the privilege of wearing the Marine Corps uniform, at CO's discretion.

(4) Will only be subject to the height/weight/body fat administrative actions of enclosure (6) if they exceed Navy height/weight/body fat limits in accordance with enclosure (4). Members who exceed USMC height/weight/body fat limits shall not be subject to administrative actions of enclosure (6), but may be denied the privilege of wearing the Marine Corps uniform, at CO's discretion.

#### 7. Newly Reported Personnel

a. Members who report to a command less than 10 weeks prior to the PRT:

(1) Are not required to participate in the PRT.

(2) May voluntarily participate in the PRT if within body fat standards and have no risk factors, or have been cleared to participate by AMDR. Document voluntary consent to participate.

b. Members who report to a command less than 10 weeks prior to the PRT will be measured for height/weight/body fat along with all other members of the command (unless the member has already participated in two official PRT's in the current fiscal year). This constitutes an official measurement and will be used for administrative actions.

c. Members who report to a command less than 10 weeks prior to the PRT and choose not to participate in the PRT will have the code "N" marked in block 20 of the EVAL/FITREP (if another

MAR 23 1998

official PRT is not held prior to the due date of the EVAL/FITREP). See enclosure (6) for additional guidance on the appropriate use of codes.

8. Selected Reserve

a. Members of the Selected Reserve shall comply with the height/weight/body fat and fitness standards of this instruction.

b. Commander, Naval Reserve Force shall establish policy for Selected Reservists pertaining to the timing of height/weight and body fat assessment and the conduct of CDPC programs.

c. Height/weight/body fat assessment and PRT shall be the responsibility of the Naval Reserve Activity (NRA) commanding officer, as directed by reference (i).

d. Selected Reservists with one or two program failures in a 4-year period are eligible for annual training (AT), active duty for training (ADT) and inactive duty training travel (IDTT). Those with three program failures in a 4-year period shall be processed for ADSEP in accordance with enclosure (6) of this instruction.

9. Limited Duty

a. Members on LIMDU shall receive guidance from the medical department concerning the type(s) and duration(s) of aerobic activities (e.g., walking, water aerobics, stationary bicycling, etc.) which are appropriate to maintain physical conditioning and avoid weight gain, given the nature of the illness or injury. For example, short frequent sessions of daily activity, such as two or three short walks, may be effective substitutes for jogging three times a week.

b. Members on LIMDU (which allows some type of physical activity) will not be excused from participation in official or special height/weight/body fat measurements. If both height/weight and body fat limits are exceeded, members on LIMDU will be subject to appropriate administrative action as described in enclosure (6).

c. Members on severely restricted duty, with no allowance from medical for low impact, low stress aerobic activity as

MAR 23 1998

described in paragraph 9a, shall continue to have height/weight and body fat measurements documented. However, commands shall use guidelines similar to those for pregnant members in applying administrative consequences for these measurements. Members cannot be administratively separated while on LIMDU. Members may have up to 6 months following return to full duty, if medically indicated, to be subject to administrative consequences of height/weight/body fat measurements. As with pregnancy, LIMDU members who were not eligible for frocking, advancement, reenlistment, etc., prior to injury/diagnosis will not be eligible during the LIMDU period.

d. Members who are removed from LIMDU status less than 10 weeks prior to a scheduled Physical Readiness Program cycle will be officially measured for height/weight/body fat but will not be required to participate in the PRT.

#### 10. Individual Ready Reserve

a. Naval Reservists assigned to the individual ready reserve (IRR) will be evaluated for height/weight/body fat at the time of reenlistment/extension (enlisted members), and/or at the time of their periodic physical examination (enlisted members and officers). They must meet the same height/weight/body fat standards as active duty members. IRR members are not required to participate in the PRT.

b. The following administrative actions will be taken if an IRR member is determined to exceed body composition limits:

(1) The initial out-of-standards determination will be considered the first official failure. This height/weight/body fat failure, and all subsequent failures, shall be documented for enlisted members with a Page 13 entry; officers shall receive a letter of notification. See enclosure (6) for guidance.

(2) The IRR member shall be reevaluated 6 and 12 months after the initial failure. If member remains out of standards on both reevaluations the member shall be processed for ADSEP. Also, members who are out of standards three times in a 4-year period should be processed for ADSEP.

MAR 23 1998

(3) For enlisted IRR members identified as exceeding height/weight/body fat limits at EAOS, a voluntary, conditional extension of enlistment may be granted for 12 months, to afford member the opportunity to conform to standards. Reevaluations shall be done during the 12-month extension, as per paragraph 10b(2), this enclosure.

11. Pregnancy. Policies related to pregnancy are addressed throughout this instruction as indicated below:

- a. Medical waivers--enclosure (2).
- b. Height/weight/body fat waiver--enclosure (4).
- c. BUPERS-approved weight management program follow-up--enclosure (5).
- d. Recommendation for advancement, promotion--enclosure (6).
- e. Advancement, promotion, frocking, redesignation--enclosure (6).
- f. Reenlistment--enclosure (6).

12. Delay of Advancement When Medical Conditions Prevent Participation in CDPC Programs. If an enlisted member is participating in a CDPC program due to previous PRT or body composition failure, advancement is normally delayed until the member measures within body composition limits or passes an official or special PRT. If a medical condition arises that prevents participation in the CDPC program and the limiting date for the advancement passes, it is possible to reinstate eligibility for the advancement through the Board for Correction of Naval Records (BCNR) process. Members are allowed 6 months after they are found fit to participate in the CDPC program, to pass a PRT or measure within body composition limits. If they meet standards during that time frame, they may petition through BCNR for advancement from the original selection, effective when the member meets standards.

13. Obligated Service. Nothing in this instruction requires separation of a member during a period of obligated service when

MAR 23 1998

the Chief of Naval Personnel determines that retention is in the best interest of the Navy.

14. Administrative Separation for Enlisted Personnel. Upon completion of an administrative board, the separation authority may elect to retain a service member who has three Physical Readiness Program failures, under the following circumstances:

a. Members with greater than 6 years of service. If a member elects an administrative board, and the board recommends to retain the member (whether or not the CO concurs with the recommendation of the board), the results of the board shall be forwarded to the General Court-Martial Convening Authority (GCMCA) for concurrence of retention.

1. If GCMCA disagrees with the administrative board's recommendation, the entire administrative separation package, with endorsements, shall be forwarded to the Secretary of the Navy (M&RA) via BUPERS (Pers-814) for final determination.

2. If GCMCA agrees with the administrative separation board's recommendation, the member will be retained.

b. Members with less than 6 years of service. If a member has less than 6 years of active and/or reserve military service, and the separation authority elects to retain service member, the member will be retained.

c. Retention. If the separation authority recommends retention, the first (oldest) Physical Readiness Program failure of the three failures in the 4-year period, will no longer count as an official failure towards administrative separation (the two most recent official failures shall be retained). At that time, members will sign a Page 13 stating that they were counseled and understand that they now have two Physical Readiness Program failures (include dates) and if they fail a third in a 4-year period, they will again be processed for administrative separation. A copy of the Page 13 shall be included in the pink folder, and a copy shall be forwarded to BUPERS, Pers-312D1, for inclusion in the member's permanent personnel record.

15. Administrative Separation for Officers. If an officer is recommended for retention by a Board of Inquiry or Board of Review, the first (oldest) of the three Physical Readiness



OPNAVINST 6110.1E

MEMORANDUM

Program failures in the 4-year period will no longer count as an official failure towards administrative separation (the two most recent official failures shall be retained). Members will sign a letter of notification stating they have been counseled and understand that they now have two Physical Readiness Program failures (include dates) and if they fail a third time in a 4-year period, they will again be required to show cause for retention in the Naval Service. A copy of the letter of notification shall be included in the member's pink folder and a copy shall be forwarded to Pers-834.

PHYSICAL READINESS TEST TIMETABLE AND CHECKLIST FOR CFC's

1. Select Dates for the PRT. Select dates for the PRT in consultation with CO/XO which are at least 4 months apart and not more than 8 months apart during the same fiscal year. Establish a time 10 to 12 weeks in advance of the test dates for completion of pink folders. Set make-up test plans, to accommodate for bad weather, TAD, etc. Refer to enclosure (3) for details on planning and administering the PRT.
2. Select and Schedule Site for PRT. Coordinate with MWR or other recreational services if necessary.
  - a. Measure 1.5 mile course with measuring wheel.
  - b. Locate pool (if necessary).
  - c. Determine availability of equipment: stop watches, mats, Botsball thermometer, etc.
  - d. Verify physicals in section A of the pink folders (see enclosure (2)).
3. Select, and Train Assistants in:
  - a. Pink folder completion.
  - b. Proper body fat measurement techniques; address common procedural errors in performing body fat measurement. Practice.
  - c. Proper warm-up and testing procedures.
  - d. Administrative procedures.
4. Announce Test Date(s) 10-12 weeks in advance.
5. Distribute Pink Folders 10-12 weeks before test, and:
  - a. Have members complete section B - Risk Factor Questionnaire.
  - b. Do preliminary (courtesy) body composition screens.
  - c. Complete section D of pink folder, if necessary; refer members to medical if they answered "yes" to any questions in

OPNAVINST 6110.1E

MAR 23 1988

section B (refer to enclosure (2)), or if periodic physical is not current.

6. Schedule CPR Certification for test monitors (consult medical, American Heart Association, American Red Cross or local Military Training Network for training schedules).

7. Develop Safety Plan (refer to enclosure (2)).

8. Confirm Arrangements for site, CPR support, lifeguards, equipment availability, etc.

9. Measure Body Composition no more than 10 days before, and not less than 48 hours before the test. Ensure that members who checked "yes" to any questions in section B have been seen by medical, or have a confirmed appointment prior to the PRT date.

a. Complete section C of pink folder.

b. Refer to medical any members who exceed height/weight and body fat limits, and have not been cleared by medical (see enclosure (4)).

c. Refer to the AMDR members who chronically exceed body fat limits, or have a history of "yo-yo" weight loss/gain.

10. Review Safety Plan before the test day.

a. Are telephone numbers and points of contact current?

b. Is a telephone available at test site to contact emergency services? Back-up communication available?

c. Has a dry run of the medical plan been conducted?

d. Is test site accessible to emergency vehicles?

e. Are there adequate numbers of assistant CFC's available for the test? A recommended number is approximately one assistant CFC for every 25 members being tested.

f. Are at least two CPR providers, who are not taking the test, scheduled to be at the PRT site?

11. Test Day Check

- a. Prohibit tobacco use at test site.
- b. Ensure drinking water is readily available, especially in hot weather. Remind members with sickle cell trait to drink at least 10 ounces before and 8 ounces after the test.
- c. Check that all members have been approved to participate in the test (e.g., members who answered "yes" to a risk factor screening question or who exceed body fat standards)
- d. Are temperature and humidity levels safe? Have you consulted with the CO or OIC regarding cancellation of the test due to unsafe weather conditions (if appropriate)?
- e. Ask about general health. Ask if participants have recently recovered from a cold, flu, or other illness or had health changes since completing the Risk Factor Screening on OPNAV 6110/2.

12. Conduct PRT Events in the manner described in enclosure (3).

13. Complete Section F, and have member sign. Send notification to those members who exceed the desirable height/weight and scored below "excellent" on the PRT.

14. Issue Page 13's, Insure Appropriate Messages Are Sent to BUPERS, and report injuries to Naval Safety Center (refer to enclosure (6)).

15. Conduct a Command-Directed Physical Conditioning program.

16. Provide CO with Information on all Members' PRT Status following the PRT. This information should be available to the appropriate reporting seniors for inclusion on FITREPS and EVALS. In addition, information regarding all enlisted members' PRT failures should be available to the appropriate career counselors.

17. Provide CO with Information on Members to be Recognized for significant improvement or superior performance.

18. Submit Command Summary Report to BUPERS (Pers-601) after second test of the fiscal year (refer to enclosure (6)).

OPNAVINST 6110.1E

19. Health and Physical Readiness (HAPR) materials should be posted or otherwise made available (Plan of the Day, newsletters, etc.).

MAR 73 030

PHYSICAL READINESS TEST PROGRAM INSPECTION CHECKLIST

1. Program Organization

a. Does the CFC meet the following criteria?

- (1) E-5 or above
- (2) Received BUPERS-approved training and certification
- (3) Meets PRT standards
- (4) Within body fat standards
- (5) Not a tobacco user

b. Are assistant CFC's properly trained, especially in performing body fat measurements?

c. Are official PRT scheduled to be at least 4 months apart, and during the times of year when weather conditions are most likely to be conducive to safe PRT participation?

c. Is notification (at least 10-12 weeks) given prior to fitness testing, to allow conditioning, completion of physical examination, and verification of risk factor screening?

d. Are height/weight and body fat measurements performed 10 to 2 days prior to the scheduled PRT?

e. Are PRT events performed in the correct sequence, and is correct form monitored and enforced?

f. Are PRT participants asked about current general health at the time of the PRT?

g. Are outstanding performances on the Physical Readiness Test given recognition by the command, i.e., at award ceremonies, quarters, and noted in evaluations and fitness reports?

h. Are significant improvements in performance similarly recognized?

i. Are base-wide health promotion education and intervention program schedules posted or available for members to review?

OPNAVINST 6110.1E

REF 23 1008

2. Program Administration

a. Does the command have a copy of all references and changes pertinent to OPNAVINST 6110.1E?

b. Does the CFC maintain accurate individual records, including/in addition to OPNAV 6110/2, of all command members? Are testing and CDPC program entries up-to-date?

c. Does the command ensure that reporting seniors are properly documenting PRT performance in all FITREPS and EVALS?

d. Are notifications made to BUPERS regarding PRT failures (Pers-834 for officers, and enlisted service member's detailer) at appropriate intervals?

e. Has the NAVPERS 6110/1, Command Physical Readiness Test Summary been completed and submitted to BUPERS (Pers-601) by 31 October of each year?

f. Have all command members who are not within height/weight and body fat and/or PRT standards been enrolled in, at least, a command-directed physical conditioning program?

g. Have members who failed two body fat measurements (despite active participation in the CDPC program), been referred to a medical officer for screening as possible candidates for a BUMED-approved weight-management program?

h. Does the command actively monitor members who are participating in a weight-management follow-up program?

i. Is there evidence of an emergency action plan that is used for the PRT?

j. Does the command-directed physical conditioning program meet the minimum criteria outlined in enclosure (5)?

k. Does command policy promote all-hands participation in at least 40 minutes of aerobic/flexibility/strength exercise at least three times a week, as operational commitments allow?

MAR 23 1998

HELPFUL RESOURCES FOR INDIVIDUALS AND CFC'S1. Required Weekly Physical Training

a. Enclosure (1) requires that all members participate in at least three 40-minute sessions of physical conditioning per week. Commands are strongly encouraged to offer time during the regular duty day for members to fulfill this requirement if operational schedules permit, but members are encouraged to use personal time for physical fitness, as well. Each conditioning period shall include a minimum of 20 minutes of brisk aerobic exercise. In addition to aerobic conditioning, proper warm-up, stretching, strength conditioning and cool-down activities must be included in each exercise session. The responsibility for physical fitness is shared between the command and the member, because the benefits of a program of regular physical activity are in the best interests of the individual and the Navy.

b. The general idea of this mandatory exercise, is to promote a minimum of 20 minutes of continuous, low-level aerobic activity. More importantly, it is necessary to encourage any physical activity by allowing individuals to participate in activities which they enjoy. The only limitation is that the chosen activity should consist of fairly constant movement. Examples of types of acceptable activities which meet the requirement for continuous movement are provided below. This list is not intended to be all-inclusive.

(1) Exercise at least three times per week for at least 40 minutes each session, with a minimum of 20 minutes of aerobic activity. Recommended aerobic exercises include:

- (a) Running
- (b) Swimming
- (c) Cycling
- (d) Brisk walking
- (e) Jumping rope
- (f) Aerobic dance
- (g) Stair-climbing



MAR 2 1966

- (h) Step routines
- (i) Rowing
- (j) Skating
- (k) Cross country skiing
- (2) Periodically, or as recreational sports:
  - (a) Basketball
  - (b) Racquet sports
  - (c) Soccer
  - (d) Volleyball
  - (e) Martial arts
  - (f) Continuous calisthenics

## 2. Target Heart Rates for Aerobic Training

a. The heart rate is like the speedometer of the body; it is a reflection of amount of aerobic work the body is performing. The target heart rate is a gauge of work intensity that is performed during exercise--one that tells you that the body is receiving a heart-healthy workout. The following are target heart rates computed at 60 to 75 percent of maximal heart rate for people at different ages:

<u>AGE</u>	<u>TARGET HEART RATE</u>	<u>AVERAGE MAXIMUM HEART RATE</u>
20	120-150 (20-25) *	200
25	117-146 (20-24)	195
30	114-142 (19-24)	190
35	111-138 (19-23)	185
40	108-135 (18-22)	180
45	105-131 (18-22)	175
50	102-127 (17-21)	170
55	99-123 (17-20)	165
60	96-120 (16-20)	160

\* Number in ( ) represents appropriate range for heart rate counted over a 10-second period.

MAR 23 1998

b. Computing a target heart rate for a specific age is easy. Take someone's age, and subtract it from the number 220. This number is called the maximal heart rate. Take the maximal heart rate and multiply it by 60 and 75 percent (multiply the maximum by 0.60 and 0.75). This gives the target heart rate that should be maintained during every aerobic exercise period.

### 3. Guidelines for General Messes

a. NAVMEDCOMINST 10110.1 (NOTAL) contains guidelines for general messes on providing low fat food choices, as well as guidelines for promoting and publicizing these items. Navy Food Management Team (NFMT) assist visits provide training and help with implementation of healthy menus.

b. Additional information and assistance may be obtained by contacting the Food Services Division (Code 51), Naval Supply Systems Command; 5450 Carlisle Pike, P.O. Box 2050, Mechanicsburg, PA 17055-0791. Telephone numbers are DSN 430-7005 and commercial (717) 790-7005.

MAR 26 1998

### SELF-HELP RESOURCES AND REFERENCES

1. Members who experience difficulty in meeting Physical Readiness Program standards have a variety of command and Navy-sponsored means, such as CDPC and the BUMED-approved weight management programs, to help them achieve their goals. The information provided in this enclosure and personnel at MWR facilities can aid in structuring a program which will produce the greatest benefit. A second purpose for this section is to offer suggestions for implementing the physical training required by this instruction.

2. The goal of the Physical Readiness Program is to promote a lifelong commitment to physical fitness, and to use physical activity and body composition as tools for wellness and health promotion. In order to do this, a balanced approach to fitness is encouraged. Over the course of a week, there should be a balance between muscular strength and endurance workouts, and aerobic workouts. Common to both types of workout should be 5- to 10- minute warm-up and cool-down periods, as well as stretching to improve whole body flexibility. Performance on the physical readiness test, when the events are performed correctly, is a good indicator of physical condition.

#### 3. Body Composition

a. It is impossible to spot reduce. Any number of curl-ups, sit-ups or abdominal crunches will not reduce the size of the abdominal or natural waist measurement. The only way to lose inches is to lose overall body fat. In order to lose fat the best type of activity is long-duration aerobic exercise, along with moderate strength training.

b. The loss of fat is promoted by continuous, low intensity aerobic activities which last for at least 40-minutes and are performed 4 or more days per week. However, recent information suggests that if one continuous 40-minute period is not feasible, roughly the same result may be gained by accumulating 40 minutes of exercise in two 20-minute sessions.

c. Not all aerobic exercises are equal when it comes to reducing body fat. Activities requiring you to support your entire body weight, such as aerobic walking, running, aerobic dance, stair-climbing or cross-country skiing tend to burn more calories. Activities such as swimming or cycling do not support

MAR 25 1998

your entire weight and may not burn as many calories in an equivalent period of exercise.

d. Exercise intensity. If members exercise too hard, it is unlikely that they will be able to exercise long enough to burn very much stored fat. But, with a slower pace and a longer exercise period, it is more likely that stored fat will be used to support the exercise effort. It's best to exercise at an intensity that is brisk but not breathless. The member should be able to talk to an exercise partner without much difficulty. It's best to pace the workout at an intensity that will allow continuous aerobic exercise for at least 40 minutes (but remember, two 20-minute periods are better than nothing).

e. Weight training. Weight training should be included in a balanced fat-reduction program. Lifting weights or using resistance machines helps maintain muscle mass so when body weight is lost, muscles is preserved as fat is reduced. Under these circumstances, it is possible to reduce body fat percentage, even if body weight does not change very much.

f. Nutrition. Another critical element of the weight/body fat control equation is proper nutrition. The Navy Nutrition and Weight Control Self-Study Guide (NAVPERS 15602A) contains useful information and self-help strategies. The Navy does not condone extreme or starvation diets. Following the recommendations in the Self-Study Guide, by carefully limiting fat consumption, the total calorie intake for a day can easily be limited to 1500 for women and 1800 for men. Consult the Navy Nutrition and Weight Control Self-Study Guide to determine the fat and calorie content of foods, and use this information to encourage Sailors to make healthy choices in the general mess, at home and when eating in restaurants.